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COMMUNITY HEALTH WORK

ILLEGAL DENTISTRY IN HONG KONG

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SUMMARY

During most of this Century the provision of dental services to the people of Hong Kong has to a large extent relied heavily on unregistered dental practitioners. With the introduction of water fluoridation in 1961 and the Government White Paper in 1978 the expansion and development of dental services commenced. The introduction of school dental services, the training of dental therapists and last but not least the establishment of a Faculty of Dentistry at the University level have further strengthened the development of a modern dental services delivery system for Hong Kong. As in many other countries illegal dentistry has become a problem which must be solved. It has been estimated that around 2000 illegal dental practitioners are operating in Hong Kong in the 1980's which is double the number of legal practitioners. With the rather high number of new registered dentists every year - around 60-70 BDS graduates from Hong Kong and an influx of around 25-30 candidates from abroad - the problem is becoming acute.

The aim of the present investigation was to shed more light on the problem and give suggestions about possible solutions. Interviews with leaders of the dental profession, and Government representatives were conducted and information on their opinions and attitudes were gathered. A questionnaire survey was conducted among 336 adult citizens residing in four areas of Hong Kong with the purpose of describing their knowledge, attitudes and opinions about illegal dentistry as well as their actual utilization and satisfaction with the illegal dental services.

The information and data collected were analyzed and on the basis of these analyses conclusions were drawn and recommendations given.

INTRODUCTION

In *The Social Context of Dentistry* by P. Davis (1) a colourful description is given of the development of dentistry. "What was once a poorly-organised, itinerant trade has since become a powerful and prestigious profession". The chapter *From Artisan to Professional* begins with the following picture and definition of the dental profession: "In a little over a hundred and fifty years dentistry has developed from the ill-organised endeavours of a band of itinerant tooth-drawers operating on the fringes of a precarious personal service economy, to an established, respected and powerful occupational group that has taken a central place in the burgeoning health sector of the advanced industrial societies.

At the beginning of this period dentistry was still practised very much as a secondary occupation. The great majority of dentists were tradesmen who advertised their wares and worked in an itinerant manner, or from a shop, combining their dental work with other service activities such as selling medicaments, wig-making, hair-cutting and minor surgery. Indeed, it is clear from commentaries of the time, that the dentist was regarded as somebody exercising a rather limited range of skills. 'An artisan, who confines himself to the extraction of teeth and to several operations required by their defects' was one definition current at the time. And, as if the artisan status of the occupation were still in doubt in the reader's mind, the commentary goes on to add that 'the head surgeons in London deem this branch of their art beneath notice and generally decline interfering in it'. Moreover, this image of the dentist-as-artisan persisted well into the nineteenth century; as late as 1849 a dentist is still defined rather restrictively as 'one who cleans and extracts teeth', according to an entry in a current dictionary, an image that lingers on in the popular mythology of modern dentistry.

In the same chapter it is written that: "As recently as the 1920, dentistry was still regarded by most commentators as a mechanical art rather than a health profession. Gies, whose report to the Carnegie Foundation in 1926 was to usher in the major reforms of dental education in the U.S.A., argued that dentistry was still predominantly the art of realigning, repairing, rebuilding and removing teeth, a mechanical art of restoration rather than a branch of medicine Conditions were little different in the United Kingdom where, as in other trades, the majority of dentists learnt their skills by apprenticeship. As late as 1918, the 'unqualified' or apprenticed practitioners out-numbered by two-to-one those dentists who had received some formal education....."

Illegal dentistry in Hong Kong - THE PROBLEM

Illegal dentistry in Hong Kong has been a newspaper issue for a long time (Appendices I & II). According to an article published in the *South China Morning Post* (SCMP) on Sunday, July 7, 1985

(Appendix III) it was estimated that Hong Kong has as many as 2000 illegal dentists operating in the territory and since in 1985 less than 1000 registered dentists were operating in Hong Kong then the situation quantitatively was the same as the situation in United Kingdom in 1918.

Unlike Western Europe and U.S.A. the development of the dental profession in Hong Kong commenced rather late and has taken place over a rather short period of time after the 1960s.

The development of the dental profession in Hong Kong began making real headway after the decision was made in 1974 in the Government White Paper to establish a Faculty of Dentistry as part of the University of Hong Kong. With the stepped-up professionalization of dentistry in Hong Kong the problem of illegal dentists became more and more evident and reactions from the dental profession became more and more vocal. In 1984 the year prior to the graduation of the first batch of BDS-candidates in 1985 worries were expressed in the Hong Kong daily press (Appendices IV - VIII) that it would be difficult to provide jobs for the new Hong Kong dentists and that in the coming years the situation would worsen and eventually become a crisis. The newspaper clippings from 1984 give a good overview of the situation.

The senior dental students who would be graduating from the Faculty of Dentistry, University of Hong Kong in January 1985 launched several projects (2,3,4) with the purpose of describing the employment situation and the future prospects. From these investigations it was concluded that the situation was not immediately serious and that the first two or three batches of BDS-candidates could be 'absorbed' by the job-market. However, with a rather low prevalence level of the two most common dental diseases coupled with an exceptionally low demand for dental services as pin-pointed in the report on the Hong Kong Survey of Adult Oral Health 1984 (5) and the very slow expansion of the public dental services it could be foreseen that the situation sooner or later would deteriorate. Both the Hong Kong Dental Association and members of the staff of the Faculty of Dentistry, University of Hong Kong have taken initiatives to obtain a clear picture of the situation and to put forward proposals for a judicious development of dentistry and dental services.

Though it must be clear to both the legislative and the administrators that the dental manpower problem in Hong Kong may become an acute problem in a rather short time only the Hong Kong Dental Association (HKDA) has taken initiatives to shed some light on the illegal dentistry problem. The HKDA has conducted a simple investigation with the purpose of estimating the number and localization of the practicing illegal "dentists". The HKDA has also requested that the Government establishes a Dental Development Advisory Committee similar to the medical advisory committee.

Our group decided to embark on a project aiming at increasing the knowledge and understanding of the problem of illegal dentistry in Hong Kong. Since nothing is known about the knowledge and

attitudes of the adult population towards illegal dental practitioners it was decided to conduct a survey focusing on the knowledge, and attitudes of people living in defined areas of Hong Kong.

OUR PROJECT

The **AIM** of our project was to investigate the role and significance of the unregistered, illegal dental practitioners in Hong Kong. We furthermore aimed at describing the problem and propose ways and means of solving the problem.

To achieve the aim we formulated two **OBJECTIVES**. We decided to collect information and data by (1) a study of the legislation in Hong Kong and by (2) exploring the attitudes and opinions of:

- (a) representatives of the Hong Kong Dental Association (HKDA),
- (b) representatives of Government agencies
- (c) illegal dental practitioners
- (d) people living in selected residential areas of Hong Kong.

The **METHODS** of obtaining all this information and data were to be:

- study of newspaper articles
- interviewing of selected persons
- questionnaire inquiries

1. Legislation and Illegal Dentistry

A study of the health legislation in Hong Kong dealing with dentistry and dentists reveals that quite a few legal rules or statutes are directly or indirectly focusing on illegal dentistry. The **Dentists Registration Ordinance, Chapter 156 of the Revised Edition 1984 (Ordinance No. 29 of 1959)** is the most essential collection of rules defining what is meant by practicing dentistry and what a registered dentist is. The **Warning Notice of the Dental Council of Hong Kong 1982** dealing with the professional discipline for the guidance of registered dentists is another source where rules related to illegal dentistry are mentioned. An analysis of these legal rules indicates that the penalties for practicing dentistry illegal taken together are quite heavy if the judge in a court case exhausts all possibilities with the purpose of deterring and discouraging the illegal practicing of dentistry:

- fine of 1000HK\$
- imprisonment for 6 months
- forfeiture of dental materials and equipment

Though the fine is relative small a combination of all three penalties could be very heavy especially the possibility of confiscation of materials and equipment. It is, however, a fact that these legal possibilities are never exhausted and most often only a small fine is handed down to the defendant. It is also a fact that only few cases ever reach the judges in the courtroom simply because the police only seldom prosecute and the fact that few formal complaints are filed.

In the following the existing legal rules related to illegal dentistry are given. It should be noted that Section 3,(1) probably will be changed in a near future so that the fine and the term of imprisonment will be increased substantially.

The Dentists Registration Ordinance, Chapter 156 of the Revised Edition 1984 (Ordinance No.29 of 1959)

Section 2,(2): A person shall be deemed to practise dentistry within the meaning of this Ordinance, who, for the sake of gain or otherwise, holds himself out, whether directly or by implication, as practising or being prepared to practise dentistry, or treats or attempts to treat or professes to treat, cure, relieve or prevent lesions or pain of the human teeth or jaws; or performs or attempts to perform any operation thereon, or inserts or attempts to insert any artificial teeth or appliances for the restoration, regulation or improvement of the teeth or accessory structures.

Section 3,(1): Subject to the provisions of any regulations made under section 29(1), any person, not being a registered dentist, who practises dentistry within Hong Kong shall be guilty of an offence and shall be liable on summary conviction to a fine of \$1,000 and to imprisonment for 6 months. (Amended, 12 of 1968, s.3 and 79 of 1984, s.7)

Section 3,(2): Nothing in this section shall operate to prevent the extraction of teeth for the relief of pain, or the application of remedies for such purposes, by a medical practitioner registered under the Medical Registration Ordinance.

Section 11,(1): Subject to section 11A(7), every registered dentist shall be entitled to recover in due course of law reasonable charges for professional aid, advice and visits and the value of any medicine or any dental or medical appliances rendered, made or supplied by him to his patients. (Amended, 49 of 1977, s.5)

Section 11, (2): No person shall be entitled to recover in any court any such charges as are referred to in subsection (1) unless at the date when such charges accrued he was a registered dentist.

Section 25: Any person not registered as a dentist under this Ordinance who wilfully or falsely pretends to be or takes or uses the name or title of a dentist, dental surgeon, qualified dentist, doctor of dental surgery, professor of dentistry, surgeon dentist, or any name, title, addition or description implying, whether in itself or in the circumstances in which it is used, that such person is a dentist or that such person is qualified to heal or treat dental disorders or derangements, whether by dentistry or any other means of any kind or description whatsoever, shall be guilty of an offence and shall be liable on summary conviction to a fine of \$1,000 and to imprisonment for 6 months.

Section 27: Any registered dentist who practises dentistry in premises in which an unregistered person practises dentistry shall be guilty of an offence and shall be liable on summary conviction to a fine of \$1,000 and to imprisonment for 6 months.

Section 28, (1): Where a person has been convicted of an offence against section 3(1), a magistrate may, on application made on behalf of the Crown, order that all dental materials and equipment in the possession or under the control of such person shall be forfeited to the Crown.

Section 28, (2): Upon the making of an order for forfeiture under this section, the materials and equipment to which such order relates shall be deemed to be the property of the Crown free from the rights of any person.

The Warning Notice of the Dental Council of Hong Kong 1982

13. Covering

Section 27 of the Dentists Registration Ordinance reads 'Any registered dentist who practises dentistry in premises in which an unregistered person practises dentistry shall be guilty of an offence ...'

Under Section 2(2) of the Ordinance it is unlawful for anyone to give, or even to suggest that he is prepared to give, any treatment or advice (including any treatment or advice in connection with the insertion of artificial teeth or other dental appliances) unless he is registered either in the Dentists Register or in the Medical Register.

The Council considers that a dental practitioner should in no way countenance, help, encourage or assist, either wilfully or by neglect, the practice of dentistry by an unregistered person.

2a. Opinions of representatives of the Hong Kong Dental Association

In January 1986 we conducted interviews with two representatives of the Hong Kong Dental Association (HKDA).

In the first interview the following information was obtained. The HKDA estimates that around 2000 illegal dental practitioners are operating in Hong Kong. A large number of these practitioners operate in the Walled City. Others deliver their dental services to the public in areas such as Tsuen Wan.

The illegal practitioners have different training backgrounds. Some graduated from dental schools in China, in Taiwan or in the Philippines but were not able to pass the statutory examination organized by the Dental Council of Hong Kong according to Section 8,(2) of the Dentists Registration Ordinance 1984. These illegal practitioners are thus able to practice dentistry legally in the country where they graduated but not in Hong Kong. Mid-1986 around 150 candidates were waiting for admission to the statutory examination but only few are expected to pass the examination. With the purpose of attaining sufficient practical clinical experience some of the candidates for the statutory examination practice dentistry outside Hong Kong e.g. in Macau or in the Shumchun economic zone of the People's Republic of China.

Apart from the illegal practitioners having a formal educational background in Dentistry a presumably rather large group of illegal practitioners have learned their trade either through apprenticeship or through being trained as dental technicians.

The existence of the large number of illegal dental practitioners in Hong Kong is due in part to the fact that the people accepts them because they deliver cheap and convenient services to the economically less privileged people. The high 'concentration' of illegal dental practitioners in the Walled City area has a historical explanation. The Walled City has been considered part of China and not Hong Kong territory. Thus the Royal Hong Kong Police force did not have any jurisdiction there and prosecution was therefore impossible.

In March 1986 the second interview was conducted with another representative of the HKDA. At the beginning of the interview focus was on the survey of illegal dentistry conducted in 1984 by the HKDA. The survey was conducted in six districts of Kowloon and Hong Kong Island. By counting the signboards indicating the presence of an illegal dental practice it was found that these six districts had less than 200 illegal dental practices. It should, however, be noted that a large number of illegal practitioners operate either in co-operation with legal dentists (covering) or as partners in dental laboratories. It should also be noted that some illegal practitioners operate their businesses

as 'outreach practices' in housing estates where they carry their instrument boxes from household to household performing simple treatments such as tooth extractions.

The HKDA has filed specific complaints with the police about a large number of illegal dental practitioners but these formal complaints have only resulted in one prosecution. It is generally felt in the HKDA that the police is passive and lenient because it is difficult to obtain adequate evidence and because the police does not have sufficient manpower to follow-up the cases. It was also maintained that patients treated by the illegal practitioners are reluctant to complain simply because people believe that the illegal dentists have no legal responsibility.

The standpoint of the HKDA is rather vigorously against illegal dentistry and there will be no support for any sort of legalizing the illegal practitioners. It is felt that the legislation relative to the practice of dentistry in Hong Kong should be maintained - even after 1997. The opinion among the professional leaders in the HKDA is that increasing the quality of the services of the illegal practitioners to an acceptable standard is unrealistic. The HKDA has established a Dental Policy Committee which has been active investigating the illegal dentistry problem and which will formulate HKDA policies that can be transmitted to the news media and those responsible for health legislation in Hong Kong. On the basis of the work of the Dental Policy Committee the HKDA has proposed to change the legislation with the purpose of facilitating prosecution and increasing the penalties for illegal practice. The HKDA also favours an educational approach to the problem by increasing the public's dental awareness and by making it easier to distinguish between legal and illegal dental practitioners.

In September 1986 a third interview was conducted with the chairman of the HKDA Committee on Illegal Dentistry. The chairman emphasized that immediate eradication of all illegal dental practitioners is impossible. It will be a gradual process. A strategy for solving the problem of illegal dentistry is being formed in the HKDA. It is felt that the quality of the dental services provided by the registered dentists should be maintained at a high level. The illegal dentists who have received a formal dental education and training outside Hong Kong but who have not been able to pass the statutory examination should be upgraded through remedial courses both theoretically and clinically so that they can pass the examination. The illegal dentist who have never received any formal dental education or training should be persuaded to give up the illegal practice and receive assistance so that they can change to another job. A system of reporting iatrogenic damages or other adverse effects resulting from treatment by illegal dental practitioners should be established by the HKDA. Furthermore, the Government should be persuaded to change legislation with the effect that penalties for illegal dental practice be increased substantially. The HKDA is advocating the formation of the Hong Kong Academy of Dentistry which in due course should replace the present Dental Council and then become responsible for the

establishment of a Hong Kong Universal Registration Examination which will be mandatory for all dentists applying for registration including B.D.S. candidates graduated from the Faculty of Dentistry, University of Hong Kong. The HKDA will seek an appropriate solution to the problem of illegal dentistry in Hong Kong as soon as possible simply because the Chinese Government after 1997 may feel obliged to support a solution which may be unsatisfactory to the HKDA.

2b. Opinions of representatives of Government agencies

The collection of data and information by exploring the attitudes and opinions of representatives of Government agencies is usually not an easy task. These rather high ranking government officials are busy people and usually somewhat diplomatic and cautious when interviewed. However, our group succeeded in obtaining one interview. Besides information from this interview the Government Information Service was very helpful in finding reports from the Legislative Council's Meetings and from newspapers having collected information through interviews with administrators and politicians. The following report is an attempt to 'amalgamate' all this information into a single picture of the situation.

Illegal dental practitioners tend to congregate in groups in densely populated areas such as Lai King, Tsuen Wan, Walled City, Kowloon. They are few in new towns. Where there are many of them they establish protection for each other. They often become well established and seem to be accepted members of the local community. They are popular because they only provide services that are needed by the customers - they never force customers to accept treatment they do not want. They speak a language which is understandable and no communication problems arise. They charge low prices for their work and they mainly deliver uncomplicated services which are unlikely to be painful or damaging. According to high ranking officials there appears to be no evidence indicating that the illegal dental practitioners are threatening the general health of individuals or the public health. Complaints by patients are therefore rather rare. However, if complaints against illegal dental practitioners are made then they are filed with the Dental Council of Hong Kong, the police or the HKDA. Complaints can be filed either by patients themselves, by legal dentists or by the HKDA. On receiving the complaint the Dental Council will send the complaint to the police for action. The policy of the police is to carry out investigations only on the basis of a complaint. Two Government dental officers are available as inspectors and will assist the police in the certification that the equipment found on the premises is consistent with the equipment utilized in the practice of dentistry. If found guilty of illegal dental practice the defendant can be fined but usually the fines are rather small - in the region of HK\$750. Though imprisonment can be imposed there has up to now only been very few of about 3 months jail but sentences were suspended. Equipment, instruments and materials may according to Section 28(1) & (2) of the Dentist Registration Ordinance be forfeited to the Crown but in practice

the forfeiture is limited to items that can be removed easily such as dental forceps, needles etc. Large items of equipment such as a dental chair - which might be a good deterrent - are never confiscated. However, in December 1986 proposals to crackdown on unqualified dentists and doctors have been tabled in the Legislative Council (Appendix IX).

The number of persons falsely pretending to be dentists (Section 25 of the Dentist Registration Ordinance) who has been prosecuted for breach of this rule in the period from 1979-1982 was 240 unregistered dental practitioners.

2c. Opinions of illegal dental practitioners

Several attempts were made particularly by our consultants and advisers to make contact with illegal dental practitioners. During the treatment phase of the Tai-O project for the Elderly the rented premises of the illegal dental practitioner were located and the landlady was persuaded to make contact with the illegal dentist with the purpose of arranging a friendly meeting and discussion. The landlady told that the illegal dentist only visited Tai-O on occasions and that the main practice was in Hong Kong. Though a friendly contact with the landlady was established it proved to be impossible to arrange a meeting with the illegal dentist.

During the Cheung Chau project the Rural Committee members also made attempts to arrange meetings with illegal dentists operating in Cheung Chau. A person-to-person meeting proved impossible and a questionnaire in Chinese (Appendix X) was therefore designed on the basis of English questions (Appendix XI) formulated by one of our supervisors with the purpose of obtaining information from the illegal dentists. This inquiry was also a failure and it appears to be extremely difficult to get in contact with the illegals even though both understanding, reticence, co-operation and discretion are promised. However, in the beginning of June 1986 the Chinese newspapers in Hong Kong had articles and interviews relative to the establishment of a so-called Social Dental Service Promotion Association (Appendices XII - XV). This new association is in fact an organization formed by unregistered dentists. If these articles are read either in Chinese or in their English translation they are illustrative not only of the existing situation of illegal dentistry in Hong Kong but also pin-points the opinions and attitudes of the unregistered or illegal dental practitioners.

2d. The attitudes and opinions of people living in selected residential areas of Hong Kong

This section of our report describes our survey of the attitudes and opinions of people living in four residential areas of Hong Kong. These included

1. Mei Tung Estate in Kowloon City
2. Un Chau Street Estate in Cheung Sha Wan
3. Ming Wah Building in Shau Ki Wan
4. North Point Estate

The reason for selecting these four areas was that the previously mentioned HKDA survey was conducted there. The first three areas are heavily "infiltrated" by illegal dental practitioners while the fourth area is not.

The **sampling** was multistage and done in the following way: From each estate one block was randomly chosen. About 200 families from this block were then chosen by systematic sampling and thus 800 families were the sampling frame from which one family member was selected to become the survey respondent. The sample consisted of 800 subjects.

The **questionnaire** was designed to given the following information:

- personal/demographic data
- awareness and knowledge related to the illegal dental practitioners
- opinions, attitudes, and expectations relative to the illegal dental practitioners.

The questionnaire was written in Chinese (Appendix XVI) but an English translation was also produced (Appendix XVII).

The questionnaire was pretested in a **pilot survey** conducted in February 1986. Pedestrians in Shatin New Town Plaza and around Lei Mun Shui Estate, and members of households in Kowloon City were randomly selected as interviewees. A total of 40 people were queried. The data collected were analysed by manual counting after categorization of answers. As a result, the sample size was determined to be 400 because we hoped that around 25% of the respondents would have experience of visiting unregistered dentists. Moreover, the questionnaire was revised, with consideration of practicability and efficiency of interviewing, minimizing possible bias and increasing ease of data analysis etc.

The period we carried out our questionnaire survey was during Easter Public Holidays (28/3/86 - 31/3/86) from 10:00 a.m. in the morning to 6:00 p.m. We chose Public Holidays hoping that a wider range of respondents would be obtained than only housewives as during week days. One week before the survey, we had contacted the police and estate office and formal letters explaining the survey were sent to each family we had chosen. On the day of the survey, two students worked as a group and one of us asked the questions while the other marked down the answers.

Having conducted the survey the data were categorized and analyzed utilizing a personal computer. Our **survey findings** will be presented under the following three subheadings:

- * Demographic data
- * Basic knowledge about illegal dentistry
- * Satisfaction with the dental services
- * General expectations and opinions

The Demographic data were as follows:

A total of 336 adult Chinese citizens of Hong Kong responded to the questionnaire.

Fifty two per cent were female and 48 per cent were male.

The age distribution is shown in Table 1.

	<u>19 or below</u>	<u>20-39</u>	<u>40-59</u>	<u>60+</u>	<u>total</u>
per cent	7	50	29	15	100
absolute no.	26	181	105	53	365

Table 1 Age distribution of respondents.

Nine out of ten respondents had lived more than 20 years in Hong Kong (91 per cent) and only one per cent had lived in the territory for less than ten years.

When the respondents were distributed according to residential area then 27, 28, 23 and 22 per cent respectively lived in Kowloon City, Cheung Sha Wan, Shau Ki Wan and North Point.

Table 2 gives the percentage distribution of the respondents according to occupation.

	PER CENT
Profession, & teahnnical	7
Administrative & managerial	1
Clerical	18
Sales workers	2
Service workers	7
Agricultural & Fishery	0
Production & transport labours	15
Armed forces & policeman	0
Students	13
Housewives	28
Retired	9
Others	2

Table 2 Percentage distribution of survey respondents according to occupation.

Table 3 gives the percentage distribution of the respondents according to educational attainment.

	<u>No Education and Primary School</u>	<u>Secondary School</u>	<u>Post Secondary, University and Others</u>	<u>Total</u>
Per cent	35	53	12	100

Table 3 Percentage distribution of survey respondents according to educational attainment.

The information we gathered concerning the Basic knowledge about illegal dentistry were:

When the respondents were asked whether they realized the existence of both registered and unregistered (illegal) dental operators in Hong Kong 92 per cent responded affirmative and 8 per cent in negative. The 8 per cent i.e. 29 who were not aware of the existence of the two categories of dental operators were dismissed. The 336 who were aware of the two types of dental operators were then asked whether they were able to distinguish between the registered and unregistered dental operators. Six out of ten respondents declared that they were able to distinguish between the two types whereas four out of ten felt that they were not able to do so. When the respondents who reported that they would be able to distinguish between the two types of dental operators were asked how they could distinguish almost half of them (48 per cent) said that the sign boards used by the operators would give them the clue. The certificate posted by the operators was given as the clue by 44 per cent. Fourteen per cent would be able to distinguish simply by the district in which the "dentist" is practicing.

When asked whether they had visited a dentist in Hong Kong, 84 per cent reported that they had and out of these 59 per cent reported that they had consulted a registered dentist whereas 8 per cent declared that they had visited an unregistered dentist. However, 18 per cent had experiences from consulting both types of dentists and 16 per cent did not know whether the dentist consulted was registered or not.

At this stage the questionnaire was divided into four branches according to whether the respondents had visited a registered dentist, an unregistered dentist, both types of dentists or did not know.

The respondents who visited a registered dentist were asked why they did not choose an unregistered dentist instead of the registered dentist. Eight out of ten said that the reason for not choosing an unregistered dentist was that they had no confidence. Poor technique, poor clinical hygiene and inadequate

facilities were frequently stated as reasons (40-50 per cent of the respondents).

For those respondents who had chosen to visit an unregistered dentist the most frequent reason given for this was that it was cheap. However, it was also reported that the consultation of an unregistered dentist was on the recommendation of others and that it was because of the time factor.

Asked about what type of dental services the respondents received last time they visited either a registered or an illegal dental practitioners it appears that the unregistered dentists have a much narrower therapeutic spectrum than the registered dentists. Orthodontics, surgery, periodontal prevention and treatment, radiographic diagnosis and systematic check-up were rare items rendered by the unregistered dentists. The unregistered dentists narrow treatment spectrum comprised fillings, simple extractions, crown and bridge and provision of denture.

Concerning the Satisfaction with the dental services we found that around two thirds of the respondents (68 per cent) who only visited unregistered dentist were satisfied with the services provided whereas 32 per cent had neutral feelings about the visit. Nobody was dissatisfied with the services rendered by the unregistered dentists. For those who had visited both types of dentists 29 per cent reported that they were satisfied with the services of the illegal dental practitioner whereas one third (33 per cent) was dissatisfied. Thirty-seven per cent had neutral feelings about the services received at the illegal dentist.

The respondents who had visited an illegal dentist only and who were satisfied with the services given were then asked why they were satisfied. The most frequent reasons for their satisfaction were that they did not experience any problem later on or that the problem was solved (40 per cent). That the price was cheap did not appear to play any important role for this category of patients visiting an illegal dentist only. If the respondents who had visited both an illegal and a legal dentist were asked about the reasons for their satisfaction with the services provided by the illegal dentist then a similar picture emerges. One third stated that they were satisfied because the problem was solved and no complications arose later on. However, this category of patients also reported that the good standard of work (27 per cent) and the cheap prize (20 per cent) were important. As a follow-up on these reactions by the respondents the reasons for dissatisfaction with the services delivered by the unregistered dentists to respondents who had experiences with both the legal and the illegal dentists were probed. The main reason for dissatisfaction with the services of the illegal dentist given by 41 per cent of the respondents was that they had problems afterwards. Thirty-five per cent gave poor clinic hygiene as their reason for dissatisfaction. That the treatment given was painful was stated by 18 per cent.

Queried specifically about the opinion on the prices of the dental services provided by the illegal dentists the majority of the respondents who had visited illegal dentists declared that prices were cheap. This was declared by 68 per cent of those respondents who had only visited illegal dentist and 82 per cent of those who had experiences from both legal and illegal dentists.

Asked about the speed with which the illegal dentist performed their treatment 73 per cent of the respondents who had only visited illegal dentists reported that they felt that they were operating quickly. For the respondents who had experiences from both types of dentist 43 per cent felt that the illegal dentists were quick.

The respondents opinion on the clinical hygiene was likewise solicited and 59 per cent of those who had only visited illegal dentists reported that they found the clinical hygiene to be satisfactory i.e. clean. Only 9 per cent found that the clinical hygiene was poor i.e. dirty. For those respondents who had visited both types of dentists a very different assessment emerged in as much as 51 per cent found the clinical hygiene unacceptable i.e. dirty and only 16 per cent found the premises etc. to be clean. For both categories of patients around one third had no opinion (32 vs 33 per cent).

Around two thirds (64 per cent) of the respondents who had only consulted an illegal dentist found that the treatment was not painful as opposed to 19 per cent who found it painful. Around 40 per cent of those who had consulted both types of dentist found that the treatment by the illegal dentist was not painful. However, 37 per cent declared tht the treatment was painful.

More than two thirds of all the respondents who had visited an illegal dentist (77 and 67 per cent respectively) reported that the illegal dentist had in fact solved the problem. Only 5 and 12 per cent respectively found that the illegal dentist had been unable to solve the problem.

All respondents - irrespective of the type of dentist they consult - were urged to state their **General expectations and opinions about the illegal dentists.**

The responses to the question: What kind of dental services would you expect to get from the unregistered dentists? are given in Fig. 1. It is noteworthy that the respondent's expectations covered a wider spectrum of dental service items than actually provided to the respondents who had visited an illegal dentist.

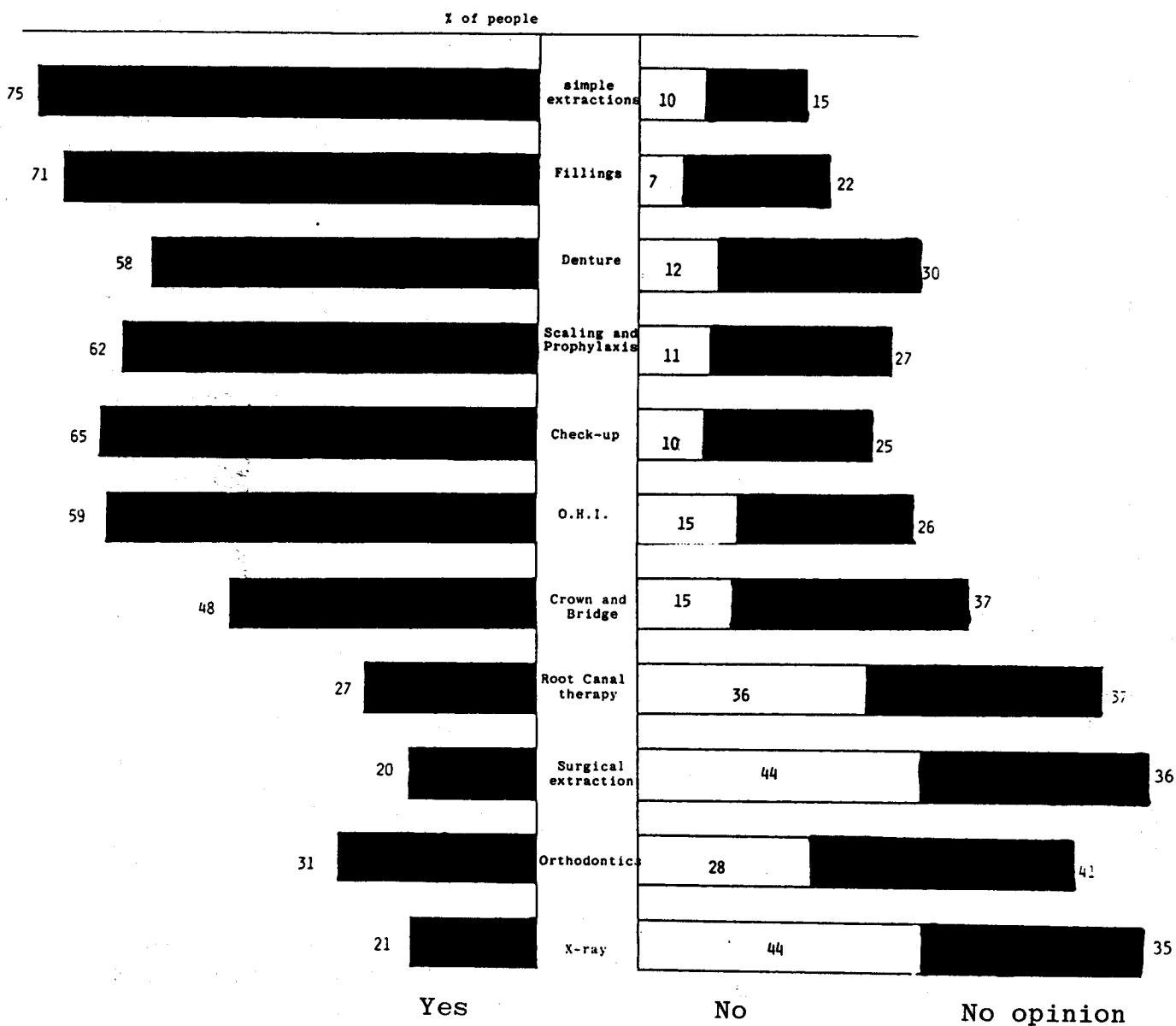


Fig.1. Respondents reactions to the question:
What kind of dental services would you
expect to get from illegal dentists?

Especially root canal therapy, surgical extraction of teeth, orthodontics and radiography are not service items that are generally expected to be part of the illegal dentists therapeutic sphere.

Asked: What do you expect the cost of the services provided by the illegal dentist will be as compared to that of the registered dentist? the vast majority of respondents (77 per cent) reported that the services provided by the illegal dentists would be cheaper than if provided by the legal dentists. More than half of the respondents (58 per cent) declared that it would be more convenient to seek the help of an illegal practitioner compared with the convenience in seeking help from a legal dentist. The reasons for this convenience in seeking the services of an illegal dentist were because it takes less time, they are near home and they are many. Only 10 per cent of the respondents reported that they were confident with the services provided by the illegal dentists. Two thirds (66 per cent) disclosed that they were not confident with the services by illegal dentists and 24 per cent had no opinion.

Asked: What do you think about the quality of technique of illegal dentists? only 5 per cent found that it was high whereas 37 per cent declared that the quality was low. It is noteworthy that 58 per cent did not have any opinion on the quality.

Only four per cent thought that the attitude of the illegal dentists towards patients was bad whereas 37 per cent thought that the attitude was good. Fifty nine per cent had no opinion about the illegal dentists attitudes towards patients. The general expectations about the hygienic working environment in illegal dental practice were that it was dirty. Only 8 per cent thought that the premises were clean. Thirty eight per cent had no opinion about the hygienic standard of illegal practices. The same trend was found when the respondents were asked about the adequacy of the facilities of the illegal practices. Almost two thirds said the facilities were inadequate whereas 29 per cent had no opinion.

When queried about what kind of dentist they would visit next time no less than 73 per cent told that they would consult a registered dentist. Four per cent would consult an illegal dentists. However, 23 per cent said that it could be either an illegal or a legal dentist.

Factors affecting the choice of dentist were then solicited by asking the reasons for either a legal or an illegal dentist (Table 4). The main reason given for having decided to consult a legal dentist was that the respondents felt confident about it and that it would be safe. A large percentage also said that the technique and the facilities used by a legal dentist were acceptable and adequate respectively. The acceptable clinical hygiene was also stated as an important reason for consulting a legal dentist. The main reason for going to an illegal dentist next time was that it would be cheap. However it is noteworthy that both confidence and safety received rather high scores. Acceptable technique was also stated by more than half of the

respondents as a reason for choosing an illegal dentist.

Next time I will consult a

<u>Reason</u>	<u>legal dentist</u>	<u>illegal dentist</u>
Confident and safe	90	54
Cheap	12	92
Acceptable technique	72	58
Acceptable clinical hygiene	65	33
Adequate facilities	75	17
Does what the patient wants	32	33
Has good attitude towards patient	29	42
Recommendation by others	26	25
Ease of locating the clinic	28	42
Time convenience	23	42

Table 4. Percentage distribution of factors affecting the choice of dentist. Respondents reactions to the questions: Why will you choose a legal dentist or an illegal dentist next time?

The question: Do you think it is necessary to eradicate all unregistered dentists? gave very interesting responses. Only around one fourth of all the 336 survey subjects expressed the opinion that the illegal dental practitioners should be eradicated. Thirty seven per cent said no and 33 per cent had no opinion. Following-up on whether the illegal practitioners ought to be eradicated the survey subjects were asked: Do you think there should be some kinds of training given to the illegal dental practitioners and then change them into registered dentists? The vast majority of survey subjects (85 per cent) said yes whereas only four per cent said no to training for upgrading of the illegal dental practitioners.

DISCUSSION

Our investigation was not an in-depth study of illegal dentistry in Hong Kong simply because the methodology of our questionnaire survey was simplified and convenient. Only a few areas of Hong Kong were included and these areas were selected because the HKDA had conducted an even more simplified study in these areas. Three of the areas had a strong "concentration" of illegal practices whereas areas inhabited by economically more privileged people were not included. This highly selective approach is bound to yield data that will be un-representative of Hong Kong. It can be shown that for age, educational attainment and occupation our 339 survey subjects were not representative of the adult Hong Kong people. The limited time and resources also affected the quality of our survey. Training of interviewers was rather "primitive" and interviewing people using a rather long

and complicated questionnaire were two aspects which affects the quality. Moreover translation from English to Cantonese and back again was a complication.

In spite of these reservations our group believe that the survey data are usable and quite well illustrative of the general situation in Hong Kong among ordinary citizen.

Our investigation was also hampered because it was difficult to interview representatives of Government agencies and almost impossible to get in contact with representatives of the illegal dental practitioners in Hong Kong. We feel sure that most of the reservations we have about our investigation can be overcome in a near future and we feel that our most valuable contribution may very well be that we opened up this problem and that the investigation we conducted can serve as a basis for improving and refining the next study.

CONCLUSIONS AND RECOMMENDATIONS

The following **CONCLUSIONS** should be assessed in the light of the inadequacies of our investigation:

1. The number of illegal dental practitioners operating in Hong Kong is uncertain but can be estimated to be between 1200-2000.
2. Illegal dental practitioners have different training backgrounds. Some of them have received full formal dental education but were unable to pass the statutory examination. Some have only a very poor training or no training at all. Some of the illegal dental practitioners are trained as dental technicians. We have no valid estimates of the number of illegal practitioners in each category.
3. The general public has difficulties in distinguishing between registered dentistry and illegal dental practitioners. Nothing has been done to guide the general public.
4. Though legislation on the practice of dentistry contains rather heavy penalties very little is done to enforce the law and penalties are usually very light.
5. The majority of people seeking the services of the illegal dental practitioners do so because they are cheap. Generally people feel that the attitude of the illegal dental practitioner is good or they have no opinion. The services of the illegal practitioner is considered to be more convenient than services given by the legal dentists by many respondents because it is less time-consuming, they are located near home and there is many of them. There appears to be no major critique of the illegal practices relative to hygiene, technique and facilities.
6. Only one fourth of the questionnaire respondents felt that the illegal dental practitioners should be eradicated. Thirty seven per cent said no and 33 per cent had no opinion.

7. The vast majority of the questionnaire respondents felt that the illegal dental practitioners should be given opportunity to upgrade their training.

OUR RECOMMENDATIONS

1. Measures should be taken to make it easier for the general public to distinguish between registered and unregistered dental practitioners.
2. All unregistered dental practitioners should be listed by a government agency. Their training and educational background should be assessed by qualified dentists and on the basis of this assessment they should be categorized.
3. According to their category the illegal dental practitioners should be offered up-grading courses either to become registered as a dentist or as a laboratory technician. Those who are found to be without adequate formal training background should be given advice and support to change their job situation.
4. Legislation should be revised and proper enforcement of the Dentists Registration Ordinance should be established.
5. Dental Health education should be strengthened and one of the purposes should be to educate the public to become conscious and judicious 'consumers' of quality dental care.
6. Proper manpower requirement analyses and planning should be introduced with due regard to the present situation with a large number of illegal dental practitioners.

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APPENDICES

21 FEB 1977 SCMP

threaten health

BY EMILY LAU

Illegal dental practice is a serious hazard to public health, the Hong Kong Dental Association charges.

These illegal dentists have no medical knowledge and they often do more harm than good to the patients' teeth.

Some of them work in such insanitary conditions it is surprising they have any business.

However, dental sources said there are at least 2,000 illegal dentists, and this is a conservative estimate.

The Dental Association thinks the present penalties are inadequate and they should be increased to combat the problem.

Illegal dentists can be found all over the Colony, and not just in Tung Tau Tsun Road, where they advertise ostentatiously.

The Dental Association also accuses them of injurious effects on public dental health, simply by their lack of dental knowledge.

For example, many illegal dentists often recommend extracting a tooth instead of filling it, because the charges for extraction are higher. In so doing, they ignore the basic objective of dentistry, which is to preserve what remains.

The insanitary dental equipment used by illegal dentists is a constant source of infection inside the mouth, which could cause infections in other parts of the body, a spokesman for the association said.

Many illegal dentists even mislead the public, by telling people some teeth cannot be extracted, simply because they are too firm to be removed, and that there are "tooth worms."

The Government has two

dental inspectors, but their job is to check on licensed dentists.

Unlicensed dentists can therefore do whatever they like. This explains why so many of them exist with dirty and poorly equipped offices.

The Medical and Health Department said it is aware illegal dentists exist.

"Prosecutions have been and are being taken by police as fast as available staff permit. In 1976, a total of 89 raids were carried out, resulting in 66 prosecutions (all convicted) and the remaining ones are awaiting court appearances," a spokesman for the department said.

At present a person caught practising dentistry without a licence is liable to a fine of \$400 to \$1,000 and imprisonment for six months.

However, the Dental Association thinks that in order to stamp out illegal dentistry, a heavier penalty should be imposed.

"Compared with their income, the present penalty is minimal. Besides there should be legislation prohibiting anyone without a dental licence possessing a dental chair and other dental instruments.

"Companies selling dental instruments should make sure they only sell to people who will use them properly," the association spokesman said.

At present there are 566 registered dentists in Hong Kong, of whom 211 are unqualified but were registered before 1940. Therefore the youngest in this group must be in their mid-fifties and the oldest must have retired already, the spokesman said.

A casual investigation shows that a retired unqualified dentist still has three clinics operated by three

fairly young men who claim to be the old dentist.

Some young illegal dentists frankly admit the actual licence holders have retired and they are working in their place.

Some of these illegal dentists even display the Dental Technician Certificate granted by the Hong Kong Polytechnic to deceive their patients.

A spokesman for the polytechnic said the dental technician course runs for four years and there are 25-30 graduates each year.

When asked if there are enough jobs for these graduates, the spokesman said there is a great demand for dental technicians and they are planning to expand the course in the near future.

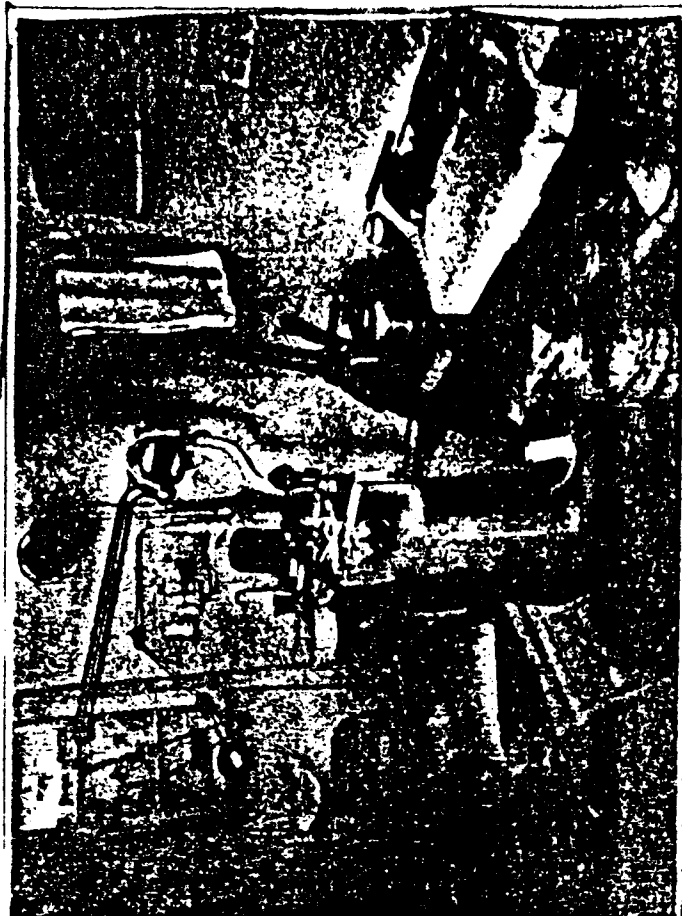
When asked if the polytechnic knew of any students using the certificates to pose as licensed dentists, the spokesman said they are not supposed to do that.

The spokesman for the Dental Association said if illegal dentistry is wiped out, the existing dentists should be able to take care of the public's dental health.

"There is a very great need for dental treatment in this over-populated Colony. But the demand is small due to the obvious social and economic factors in this community.

"The factors influencing the low demand for dental treatment are the small family income and level of general education which, in turn, affect the dental awareness and the desire for dental care," the spokesman said.

He added that the demand will surely increase when the public has more dental education. By that time the University of Hong Kong Dental School should be producing more dentists.



The interior of a dentist's "surgery" in North Point.

Need for illegal dentists

25 FEB 1977 SCMP

The Government should make use of illegal dentists and help them contribute constructively to public health, medical sources said yesterday.

Commenting on a report on illegal dental practice which appeared in the S.C.M. Post on Monday, the sources said it would do the public a great disservice if the Government completely bans these practitioners.

First of all, the sources questioned the Hongkong Dental Association's assertion that the present number of registered dentists is sufficient to satisfy the public demand.

"The demand for dental care is rapidly increasing due to the rise in education and living standards and there is no way that the registered dentists can take care of all the people who demand dental attention," the sources said.

"The Dental Association wants to get rid of the illegal

dentists so that they can monopolise the dental business. At present, most of the well-known dentists are situated in the 'golden mile' or Central district and they charge exorbitant fees which are well beyond the means of many ordinary citizens.

"The fact that the illegal dentists can exist for so long implies that there is a demand for their service, which probably is cheaper than consulting licensed dentists. We are not saying that these charlatans should be allowed to continue their practice, but we must also consider the necessity of providing cheap and qualified dental care to the general public.

"Some of these illegal dentists can do a certain amount of dental work and they are performing a service to the people of Hongkong.

"The Government should give them some training, and use them to do what they are capable of under qualified

supervision. By serving as dental assistants, this group can still offer their service to the public."

Some people in dental circles also agreed that "good dentistry is only for those who can afford it." Therefore, only the Government can provide cheap and good dentistry to the general public, the sources said.

At present Government dental service available to the public is extremely limited, they added.

A spokesman for the Medical and Health Department said: "The Government dental service basically provides dental care for Government officers, pensioners and their families, and offers limited treatment for in-patients of Government hospitals, prisoners and inmates of training centres. It also provides emergency treatment for the general public at certain clinics.

"Emergency treatment, which includes extractions, relieving of pain and removing of sepsis, is provided for the general public in nine clinics - one on Hongkong Island, two in Kowloon and six in the New Territories and outlying islands.

"The service, which is free, is provided once or twice a week at each clinic and 40 patients are treated each time."

Thus, confronted with the extremely limited Government dental service on one side and the exorbitant charges of licensed dentists on

the other, the sources argued, it is inevitable that many people consult illegal dentists.

However, the President of the Hongkong Dental Association, Dr W. L. San, said the inclusion of illegal dentists into the legal circle is totally unacceptable, regardless of whether the present number of registered dentists can cope with the people's demand.

"The public would suffer more if these quacks are officially recognised. What is likely to happen is that many dentists will hire a number of them to run their offices and they will nominally supervise.

"The demand for dentists and dental assistants would be gradually met by students from the HKU Dental School and the MacLehose Dental Centre. The lack of qualified dentists does not mean that these untrained and unskilled people should be allowed to tamper with public health," Dr San said yesterday.

SUNDAY, JULY 7, 1985

SUNDAY MORNING POST

Dental laws: All teeth and no bite

There is about a two-to-one chance that every tooth pulled in Hongkong is extracted by an illegal dentist.

The equipment used may be as modern and sophisticated as in any dental surgery in Hongkong — and the sign on the door may say "Dentistry" or "Dental Specialist."

But the "dentist" involved may not be a legally registered professional.

And he may do his patients serious harm.

There are up to 2,000 of these illegal dentists in Hongkong, competing with about 1,000 registered and legal professionals.

Many of the illegal dentists have had training in countries where standards are not up to Hongkong's requirements.

Some are well-trained dental technicians formerly employed by legal dentists.

They range from being merely competent to being highly skilled in dentistry techniques.

But, as the secretary of the Hongkong Dental Association, Dr Michael Tsui, points out, these illegal dentists do not have enough medical training.

Patients may suffer from infections or chronic problems that the illegal dentist is not qualified to deal with.

At one time dentists who were not legally qualified in Hongkong set up practice inside Kowloon Walled City.

taking advantage of hazy wording in the New Territories treaty about whether China or Britain had legal jurisdiction there.

Today they practice throughout the territory, Dr Tsui says.

The president of the Hongkong Dental Association, Dr Richard Walters, says some of the illegal dentists have come from China where they either studied in dental schools or learned by apprenticeship.

When you go to the dentist in Hongkong, you may be entrusting your teeth to someone who is not even licensed to practise as a dental technician. S.Y. WAI and CINTY LI report that there may be as many as 2,000 of these illegal dentists operating in the territory.

There are also some who learned by apprenticeship in Hongkong.

The Hongkong Dental Association is the "national" dental association in Hongkong, with a membership of 723 registered dentists.

There are three categories of legal dentists in Hongkong:

• Graduates from dental schools in Commonwealth countries or schools elsewhere recognised by the General Dental Council of the United Kingdom.

• Graduates from other institutions who have been able to pass a board examination held by the University of

Hongkong and the Hongkong Dental Council.

• Those who were already practising dentistry before 1949 and registered then.

The first two types are the only ones allowed to call themselves dental surgeons while the third group can use the term dentist.

It is illegal for any other dental practitioners to use those terms.

However, it is not illegal for them to display signs saying "Dental Specialist" or

vase practice, who asked that his name not be printed for reasons of medical ethics, says illegal dentists sometimes cause patients unnecessary post-surgery pain, swollen oral tissue, over-destruction of chronic tissue or loss of teeth.

And illegal dentists sometimes use considerable subterfuge in getting patients to agree to having teeth pulled — or in some instances — not having teeth pulled; the dental surgeon said.

For example, legal dentists say they have treated patients who have been told by an illegal dentist that a tooth could not be pulled because it was a "blood tooth."

The implication was that the extraction would cause uncontrollable bleeding.

In fact, in such cases the illegal practitioner has reason to think the tooth may break at the roots or create similar problems he cannot handle.

So he tells the patient nothing can be done except learn to tolerate the pain.

Another ploy, apparently, is to tell a patient a perfectly good tooth has cancer and therefore must be pulled immediately.

One dental surgeon says he has an average of eight to 10 patients each month coming to him for help after seeing illegal dentists.

But the president of the Chinese Dentists' Association, Dr Heung Wing-tun, says even registered dentists sometimes make wrong diagnosis and provide incorrect treatment.

The Chinese Dentists' Association does not have Western members as does the Hongkong Dental Association.

"Nothing is perfect in the medical field," Dr Heung says.

Dr Heung says he treats about three patients each month who have suffered from incorrect treatment from other dentists — including legal and illegal dentists in Hongkong and dentists in China.

This low figure encourages him to believe illegal dentistry is really not a major problem.

Dr Tsui insists, however, that the illegals are a problem.

One complicating factor he says is that many people



A Temple Street "dentist" advertises his dental services, which come cheaper than most.

choose a dentist by consulting friends, rather than by checking credentials.

Another problem, Dr Tsui says, is the common — but incorrect — belief that legal dentists charge much higher fees than the illegals.

Actually, he explains, the fees of the two groups are similar.

Sometimes the illegal dentists charge more.

Another dentist pointed out, however, that his colleagues practising in the high-rent areas of Central and Mid-Levels do charge higher fees.

Both Dr Tsui and Dr Walters say it is difficult to judge fees.

There are too many variables involved.

The SCM Post, asking the price of a single filling, received answers ranging from \$80 to \$800, depending on whether any complicated after-treatment problems develop.

Surprisingly, the fees quoted by a dentist in an expensive office block in Central were considerably lower than those given by another dentist in a low-rent area of Kowloon.

However, an illegal dentist in the Walled City told the SCM Post his fee for a filling was as low as \$50.

For those who might like to have their dental work done in a carnival atmosphere, the outdoor dentists offering their services at the nightly hawkers' bazaar in Temple Street often charge as little as \$30.

Dr Heung says many Hongkong patients have recently started going to China for cheaper dental treatment.

Dr Tsui points out that going to a dentist depends on a person's value system.

There are people who would rather tolerate a toothache than do without a new

shirt, he says.

Dr Walters says the Government only acts on complaints against illegal dentists, because of a shortage of manpower.

At present, there are only two dental inspectors responsible for checking all local dentists, legal and illegal.

Illegal dentists have to be caught in the act, Dr Tsui explains.

This means at least three people must be involved — a policeman, a Government dental officer and a patient.

Dr Walters says the penalty against illegal practitioners is too light.

In Hongkong, the maximum penalty for pretending to be a dentist is a \$1,000 fine plus six months' imprisonment, while the maximum penalty for fraudulent registration is a \$10,000 fine plus two years' imprisonment.

"Some illegal dentists just pay their fines and are back in business the next day," Dr Tsui says.

To lower the number of illegal dental practitioners in Hongkong, Dr Walters calls for heavier penalties and delegation of more people to pursuing illegal dentists.

The HKDA will help to educate the public on how to distinguish the legal ones from the illegals, he said.

Moreover, Dr Tsui says the dental association is urging the Government to set up a dental development advisory committee to monitor local dental services.

The two people currently responsible for monitoring dental services work under the Government's Medical Development Advisory Committee.

The dentists want the work of the two to be taken over by a new dental advisory committee with more specialists.

So far, requests from the Hongkong Dental Association and from dental students at the University of Hongkong to have a dental development advisory committee set up have been in vain, Dr Walters says.

The proposed committee would monitor the standards and supply and demand of dentists here.

It would also undertake surveys on local dental service needs, says Dr Tsui.

"For instance, in 1979, the Government predicted the dentist-population ratio should be one to 6,000 after 10 years, but it's already one to 6,000 today."

"This is because about 50 dental graduates studying abroad return to Hongkong every year and the Prince Philip Dental Hospital of Hongkong University is also turning out 60 graduates a year."

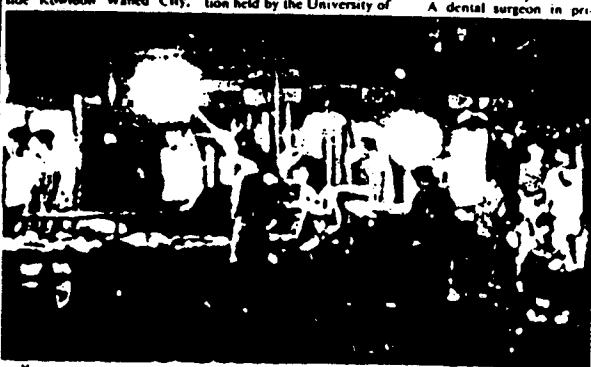
"The increase in the number of dentists worries many new graduates," Dr Tsui says.

An organizer of the University of Hongkong Dental Alumni Association, who asked to remain anonymous, says the employment rate of the first class of students, who graduated in January, is better than expected, although they are affected by illegal dentists to some extent.

One third of the graduates are working in Government hospitals, another third have joined practices, while the rest run their own clinics or other sole proprietorships or in partnerships.

There is one clinic being run by eight University of Hongkong dental graduates.

"There is high need but low demand for dental services in Hongkong, meaning that many people have dental problems but only a minority of them go to see the dentist," says Dr Walters.



If you want your tooth pulled in a carnival atmosphere, try the Temple Street hawkers' bazaar.

Professor warns of jobless dentists



Prof Renson

By HALIMA GUTERRES

A senior member of the Prince Philip Dental Hospital yesterday made a plea to the Government to take another look at the whole picture of dental development in Hong-kong.

And he urged the Government to recognise that there would be a problem of employment in January when the first batch of students graduate.

Professor C.E. Renson, Head of the Department of Conservative Dentistry, was once again voicing concerns about the employment prospects of the hospital's dental graduates.

He fears that many graduates will have difficulty finding jobs because out of the 140 students expected to qualify over the next two years only 50 can expect a

position with the Government.

Speaking at a ceremony for the presentation of certificates to 54 certificated dental surgery assistants, Prof Renson said he applauded the sentiments expressed by an Unofficial Legislative Councillor, Miss Lydia Dunn, in her speech to the Legislative Council this week.

Miss Dunn had urged the Government to respond quickly to problems and not to be so defensive.

The SCM Post had first raised the problem in February and recently the matter was discussed in Legco by Miss Maria Tam and Dr Henrietta Ip.

This week, Dr Fang joined in the call on the Government to consider low-interest or even interest-free loans to help new dental graduates to set up their own clinics in the private sector.

Yesterday, Prof Renson said the Government must "exercise intelligent anticipation to take action now to solve the problem.

"I do not ask that the Government should offer a free dental service to the mass of the people.

"I do ask that they take steps to ensure that the community will benefit from the large investment that Government has made in financing the training of dentists and dental personnel.

"This surely is what public accountability is all about."

There are tens of thousands of people in the New Territories without a dental service, he said.

Yet most of the dental graduates cannot afford to set up their own dental clinics without help.

He argued that if the Government was to make available suitable accommodation in low-cost housing areas and lend sufficient money to the graduates to purchase equipment, then the community would benefit immediately, the dentists would be properly employed, and the Government could claim to have achieved what it set out to do in the 1974 White Paper — "to provide more dentists for the general public."

The loans would be repaid over a period of years and there would therefore be no loss to the public purse.

In turn the graduates would agree to offer a dental service which the mass of people could afford.

"Everyone benefits — nobody loses," he said.

The alternative would be unemployment or underemployment of the graduates.

"And how does one account for this to the public?"

Short-term loans from banks at high interest rates are not the answer because they would result in the setting up of dental clinics in areas which could reasonably be expected to lead to high fees and a quick return.

"This is not taking dentistry to the people, which I am sure was the original thinking behind the Government White Paper of 1974," he said.

Prof Renson said there was a need for the Government to take a second look at the whole picture of dental development.

In the same way that the Government has set up a Medical Development Advisory Committee, he asked, was it not time that a similar body for dental development was established?

Impending danger of over-supply of dentists

By HALIMA GUTERRES

Hongkong may be close to experiencing an over-supply of dentists — when the public still believes there is a gross shortage.

The warning comes from the acting Dean of the Prince Philip Dental Hospital, Professor Edward Renson, who is convinced the pendulum has swung the other way — even before the first batch of 70 students graduate from the teaching hospital early next year.

Said Prof Renson: "Given the present level of demand, there is no shortfall in the

number of dentists ... in fact, quite the contrary, we are close to reaching saturation point."

The first students are due to graduate next January, but already staff and students are becoming "extremely worried about the employment prospects for the graduates," Prof Renson told the SCM Post.

At the end of last year there were 831 dentists registered with the Dental Council, of whom the majority are presumed to be practising, according to a spokesman for the council.

This represents a ratio of one dentist for every 6,400 people and is a considerable improvement over the situation in 1973, when there were only 440 dentists estimated to be practising in Hongkong, giving a ratio of one for every 9,000 members of the population.

While the numbers may still be unimpressive compared to more developed countries in the West, Prof Renson contends that given the present level of demand, far from there being too few dentists there may soon be too many.

Many dentists in the private sector have already been complaining about the fierce competition and bemoaning the lack of business, he said.

While the Government dental service employs 133 dentists the annual turnover of staff is only in the region of about 10, said Prof Renson.

Moreover, he said, staff of the Medical and Health Department have let it be known that given the current financial difficulties the Government has no intention of a substantial expansion of the Government dental service at present.

"So although more than

half of our students say they want to go into Government service when they graduate, I do not anticipate more than 10 vacancies for them," he said.

Taking all these factors into account and given that the dental school will, from early next year, be producing 60 to 70 new dentists annually, "we've got good grounds to be concerned about their employment prospects," said Prof Renson.

Looking ahead, he saw "a strong possibility" that student intake to the dental school would be cut in the coming academic year.

But a spokesman for the Health and Welfare Branch of the Government Secretariat, Mr Nigel Shipman, took a less gloomy view of the supply situation.

Mr Shipman accepted that the number of registered dentists practising in Hongkong had risen considerably over the past five years, from a ratio of one dentist to 8,700 population in 1978 to about one to 6,400 now.

But these figures do not in themselves demonstrate over-supply, he said.

Nevertheless, he would not rule out the possibility of a cut in the intake at the dental school.

Said Mr Shipman: "The intake to the Prince Philip dental school, currently at 68 students per year, can be adjusted to take account of assessment of future demand."

He added that he would expect "some slight downward adjustment" to be recommended by the medical sub-committee of the University and Polytechnic Grants Committee and the University of Hongkong, which runs the dental school.

But no "radical reaction" was expected to "short-term changes in demand."

Government officials and leaders in the dental field have been complaining of a shortage for at least the past 10 years so that Prof Renson's fears of an impending surplus represent a complete turnaround.

At the end of December 1973, for instance, the number of dentists estimated to be practising in Hongkong stood at 440, giving a ratio of one dentist for every 9,000 population.

The 1974 White Paper on Medical and Health Services also projected that over the nine-year period from 1974 to 1982, Hongkong would be between 300 and 447 dentists short.

It was in the light of this assessment that the Medical Development Advisory Committee recommended, and the Government approved, the establishment of a dental hospital.

And indeed as recently as 1981, when the multi-million dollar hospital was opened, it was hailed as a major step forward and an urgently needed answer to the shortage of dentists.

Those early estimates were completely off the mark although, as Prof Renson stressed, there was no reason at the time to believe that the figures would be "disastrously wrong."

Statistics from the Dental Council show that since 1973 the number of dentists registered with the council has been rising — to 779 in 1982 and 831 at the end of last year.

The higher numbers in 1982 meant that instead of being 447 dentists short, as the White Paper had predicted, there was a shortfall of just 46 dentists against the projected requirement.

Put another way, this works out to a ratio of one dentist to 6,400 population — a target which the White Paper held no hope of achieving until the beginning of the 1990s.

Said Prof Renson: "I came to Hongkong in 1978 firmly in the belief that it was going to take us 15 years from 1985 — that is from our first class of graduates — before we could look to having adequate numbers of dentists for the population needs."

"I had no clue that even before we produced our first graduates, five years of the equivalent of our products would have added itself to the dental register."

But where have the hundreds of extra dentists come from when none was being

qualified in Hongkong?

The answer lies in the sudden and totally unexpected influx of dentists — mainly of local origin — who qualified overseas and decided to return and set up practice here.

More than 300 of them flooded back to Hongkong between 1974 and last year.

"There was no way that the authors of the White Paper could have anticipated this sudden influx because the dental registry had been practically static for years," said Prof Renson.

In considering the supply of dentists from overseas, the White Paper noted that on average only eight additional dentists were added to the register each year.

And "this is clearly inadequate to meet Hongkong's future needs," the White Paper said.

But instead of the expected trickle from overseas there was a flood.

According to Prof Renson, one possible explanation is that many of the highly developed countries where the local dentists trained had been experiencing a decline in dental disease over the past decade, reducing the need for dentists.

Dental schools in a number of countries have been forced to cut their intake, or are planning to do so, Prof Renson said.

He believes that some local young people who qualified overseas may have seen this downturn in demand abroad, and decided to move back here.

Another possible factor was that in the past most would have chosen to work abroad for at least a few years before returning, but "when they became aware there was a dental school in Hongkong about to produce graduates many may have felt that if they were going to establish themselves here they had better do so before the local graduates start coming out."

Whatever the reasons for the influx the fact remains that numbers have gone up significantly.

"The Prince Philip Dental Hospital was set up in the belief that there was a gross shortage of dentists and many of the staff came in the belief that by producing more dentists we would be serving a community need.

"But all these plans have been bedevilled by the influx of dentists from abroad," said Prof Renson.

The Government, however, does not agree that an over-supply of dentists has been demonstrated.

Mr Shipman explained: "The White Paper of 1974

referred to 'an arbitrary ratio' of one dentist to 6,000 population as the planning target but this was not stated to be the optimum requirement.

"The number of dentists per head of population in Singapore, the Philippines, Japan, United Kingdom and the United States is above the level in Hongkong.

"And there remain shortages of dentists in certain areas of Hongkong and in the Government sector."

Also the demand for dental service is likely to continue to rise with improved health awareness and greater affluence.

"Hopefully with greater availability of registered dentists, people will not resort to illegal practitioners as they have done in the past," he said.

It was also pointed out that previously those wishing to qualify as dentists had to go abroad to qualify, but now that local training facilities are available, the number going overseas is likely to fall.

This in turn will moderate the future growth in supply from overseas dentists.

"Therefore we continue to feel it was the correct decision to establish local training facilities," he said.

Mr Shipman also cited figures showing that in 1982 in Hongkong there was 0.17 dentists per 1,000 population, while in Singapore there were 0.21 per thousand population, 0.47 per thousand population in Japan and 0.55 per thousand in the United States.

But Prof Renson argued that a straight comparison between different countries can often be misleading.

"There has been a strong dental presence in the United States for a number of years and as a result there is a strong dental awareness among the people so that treatment demand is very high.

"But in Hongkong this has not been the case and therefore the demand for dental services is lower.

"As for Singapore they have had a dental school for 55 years and they have a community which has a strong dental awareness.

"This is just not so in Hongkong so that to make a comparison is ludicrous," he countered.

Finally, Mr Shipman pointed to approved plans to add 138 extra posts to the Government dental service over the next five years.

He conceded however that the final go ahead had not been given to establishing all of these posts since most of them were still subject to the availability of funds.

FEBRUARY 8, 1984

Committee to get teeth into student intake issue

By HALIMA GUTERRES

The question of whether student intake to the Prince Philip Dental Hospital should be cut will be raised at next month's full meeting of the University and Polytechnic Grants Committee.

As a first step, the committee will consider whether the intake of new students, which now stands about 70 a year, should be reduced to 60.

A UPGC spokesman, Mr W.M. Bradley, said the University of Hong Kong, which runs the dental school, is very worried about an over-supply of dentists.

He said that following a meeting between the Medical Sub-Committee of the UPGC and the HKU last month, the sub-committee agrees there is a problem.

The sub-committee will report its views to the full committee next month.

As the SCM Post reported yesterday, staff of the dental hospital are concerned about the job prospects of their graduates following an unexpected influx of overseas-trained Hongkong dentists in the past few years.

In the decade since 1973, the number of dentists registered with the Dental Council jumped from 496 to 831, giving a dentist-to-patient ratio of 1:6,400.

Put in another way Hongkong had reached the "arbitrary" target set by the 1974 White Paper on Medical and Health Services almost a decade earlier than it was originally thought possible.

The implications for the dental hospital are worrying, since the considerable rise in numbers comes even before the school produces its first batch of 70 graduates next January.

So that instead of helping to ease the shortage, the dental hospital school may be producing graduates for the unemployment queue.

And, after years of talk about a shortage, the UPGC and the university now have to study the figures again to see if there is a case for cutting the intake.

Said Mr Bradley: "The university is very worried. After all, dentists are very expensive to train and they are not just producing them as an academic exercise."

He said it costs about \$600,000 in public funds to train a dentist — even more than the cost for training doctors which is itself higher than all the other faculties.

This cost works out about \$125,000 a year for a medical student against \$190,000 a year for a dental student during the clinical years.

Mr Bradley said that when the full UPGC considers proposals from the tertiary institutions for the 1985-88 triennium, the dental intake will be one of the issues raised.

He said the 1974 White Paper had in fact called for an annual output of 60 dentists, rather than the 70 to be turned out from next year.

So, if it was decided to cut enrolment it would be a logical first step to go to the 60 a year level recommended by the Government.

Mr Bradley explained that the dental hospital had been

enrolling about 70 new students a year in the past four years on the assumption of a similar failure rate as recorded in other countries.

The rationale was that by the end of the 4½-year course, about 60 students would pass.

In the event, local students have done so well that the survival rate is expected to be much higher and nearly the whole class will graduate.

"Our first duty then is to meet the requirement of producing 60 new dentists a year.

"So the first step is to get down to that point and then we will have to decide whether there is a need to reduce the intake further," Mr Bradley said.

He stressed that while the UPGC will make its suggestion after its deliberations, the university will still have the final say.

And it will have until July or August — after the "A" level results are released — to make up its mind on whether the intake should be cut in September.

Meanwhile, the acting Dean of the Dental Hospital, Professor Edward Renson, has urged the Government to take immediate steps to enhance the employment prospects of dental graduates.

First, he said, it would help boost the number of jobs available to graduates if the School Dental Service which now serves primary school-children can be extended to secondary schools.

This would provide more jobs for new dentists.

Second, he hopes to see suitable premises made available in housing estates in the new towns where young dentists can set up practices.

This would be similar to the idea of letting out premises to estate doctors.

Prof Renson said this would have the added benefit of helping to correct the serious maldistribution of dentists.

At present, most dental clinics are concentrated along Nathan Road and in Central, even though the development of the new towns has seen large-scale movement of population away from the old urban areas.

"In addition, the Government should be prepared to give low interest loans with repayment spread over a number of years to dentists who set up their clinics in these estates," said Prof Renson.

In return it could require that the dentists work to an agreed list of fees.

The loans could then be used to help finance the purchase of new equipment which can cost at least \$150,000 and is a very heavy investment for a young graduate.

"In this way, the Government would be helping to offer, at a reasonable cost, a dental service to the mass of the population.

"It would also encourage a dispersal of dentists away from the expensive practices around both sides of the harbour," he said.

Third, assuming the Government agrees to provide suitable premises and loans to dental graduates, Prof Renson recommended that a carefully planned dental health education campaign be mounted in those new towns which are going to receive the service.

Such campaigns would stimulate demand and help to promote dental awareness.

Local dentists ask for help

By CHIU KIT-YING

Locally-trained dentists, the first batch of whom will graduate next month, want help from the Government to improve their job prospects.

The students are also backing a current move by the Hongkong Dental Association to fight for cheaper rates when renting dental clinics in public housing estates.

This will help lower the overheads of the clinics, making them affordable.

Ten representatives of the dental society of the University of Hongkong's student union petitioned Umelco yesterday to recommend a long-term improvement to the local dental service and interim measures to better their employment chances.

The society represents 350 dental students in the university's Faculty of Dentistry, which is running a 4½ year course.

The student representatives held a 30-minute meeting yesterday with Miss Lydia Dunn, Mr Andrew So and Mr Cheung Yan-lung, who is also a member of the Housing Authority.

The first batch of 68 dental students is expected to graduate in the middle of next month.

Some of them may find it hard to find a job because of the low local demand, apparently because many Hongkong people are unaware of the importance of oral health.

A representative of the students, Mr Chan Sai-kwing, said after the meeting yesterday the prospect for the first batch of graduates might not be so pessimistic.

"But there will be a problem in five or six years," he said.

Mr Chan said they had learned there will be 15 dental service vacancies in the civil service next year.

They have also inspected the local job market and found that about 35 private dental clinics indicated they will give jobs to the newly graduated students.

Mr Chan said a survey conducted among next year's graduates revealed that about two-thirds intended to go into private practice and a third wanted to set up their own clinics using bank loans.

At the meeting, the students suggested long-term measures to upgrade dental services in Hongkong.

Too few jobs for dental graduates

Graduates of the Prince Philip Dental Hospital will find jobs in the Government sector scarce over the next two years.

And any hopes that the Government might create more jobs to accommodate the graduates were dashed yesterday by the Director of Medical and Health Services, Dr K.L. Thong.

Dr Thong told the Legislative Council that about 140 students are expected to qualify over the next two years — but there will only be 50 openings from now to 1986.

Nor are there plans to employ the new graduates in subvented hospitals "as there are no vacancies in these hospitals at present."

He also said it was not clear what their prospects would be in the private sector.

The uncertain job outlook was forecast by Dr Thong in his reply to a series of questions from Miss Maria Tam.

Fears that Hongkong might be heading towards an over-supply of dentists had been reported in the SCM Post early this year.

The warning had been sounded by the dean of the hospital, Professor E. Renison, who explained there had been a sudden influx of local dentists who had qualified overseas and had decided to

return and set up practice here.

The first batch of 69 graduates from the school will qualify in January and 71 more are expected to graduate in the following year.

Said Dr Thong: "There are plans to absorb some of these graduates into the Government dental service in accordance with normal recruitment procedures."

"Taking into account the existing and anticipated staffing positions and posts arising from planned projects, it is envisaged there will be about 50 vacancies available for open recruitment from now to early 1986."

Graduates hired will be posted to Government dental clinics, hospitals and the school dental service.

When asked if these dentists would find jobs in the private sector, Dr Thong replied:

"The actual placement of the new graduates in the private sector will largely be dependent on circumstances and market forces which can only be apparent after they have graduated."

"It is therefore not possible to predict with any degree of accuracy the extent of such placement at this stage."

"The situation will be monitored."

Dr Thong reminded members that one of the major objectives of establishing the

dental faculty at the University of Hongkong, was to produce dentists who would be expected to serve the community by practising privately.

Dr Thong's reply prompted a flood of supplementary questions from both Miss Tam and Dr Henrietta Ip.

The questions came so thick and fast that the Chief Secretary, Sir Philip Haddon-Cave, who was presiding at yesterday's session had to declare a halt.

And at one point, Dr Thong looked so flustered that he even dropped his clip-on microphone so that an Unofficial, Dr Ho Kam-fai, had to come to his rescue by holding the microphone for him.

In responding to these questions, Dr Thong explained that the number of dentists on the dental register in 1974 when the dental faculty was first conceived was only 440.

This gave an overall dentist-population ratio of one to 9,000.

It was therefore hoped that the new dental faculty, by producing dentists at the rate of about 60 a year, would help boost the supply to the target of one dentist to every 6,000 people.

The target of one to 6,000 was set as an "arbitrary figure for the purpose of planning," Dr Thong said.

Dr Thong said Hongkong has not yet reached this target figure as the existing ratio is now one to 7,200.

And this means there is still presumably a shortfall in the private sector to accommodate the graduates, he said.

Since 90 of the 140 graduates would not find jobs in the public sector, Dr Ip wanted to know if the Government would consider plans to offer more dental services to the community.

She said such services could be offered "at cost rather than at heavy subvention so as, without any financial burden to tax-payers, to be able to absorb more of these newly qualified graduates."

Dr Thong then reiterated that the basic reason for setting up a dental faculty was to produce dentists to practise in the private sector and not for the Government to create jobs to accommodate them.



A helping hand — Dr Ho Kam-fai holds the microphone up for Dr Thong.
— Pictures by C. Y. YU.

Crackdown on bogus doctors

THE council yesterday approved tough new measures to crack down on unqualified dentists and doctors.

The Penalties for Practice of Medicine and Dentistry by Unregistered Persons (Miscellaneous Amendments) Bill provides for a maximum fine of \$100,000 and up to seven years' jail for unregistered practitioners convicted of injuring a patient.

The legislation was introduced with the Antibiotics (Amendment) Bill following the death of a man at the hands of an unregistered doctor about two years ago.

A court case involving another back-street operator, who was convicted of injuring seven patients, also highlighted shortcomings in the existing law.

But outspoken Legco member Dr Henrietta Ip yesterday warned of more loopholes and urged the Government to move quickly to plug them.

She said: "I support the passage of these bills because it is an improvement to existing legislation - but (that is) not to say they are without flaws."

Dr Ip said she was particularly concerned that practitioners of traditional Chinese medicine - mainly acupuncturists, herbalists, and bone-setters - had been exempted.

She also called on the Government to define the term "Chinese traditional medical methods" as a guide to magistrates and judges

COUNCILLORS slowed down a bit yesterday to catch their breath after all the heated debate earlier in the current session.

The meeting lasted only about two hours, making it the shortest of the season.

And figures who played a prominent part in earlier exchanges were away this time.

Members had a chance to spread out in the chamber as about a fifth of the seats were vacant.

Miss Maria Tam, Mr Martin Lee, Mr Tam Yiu-chung, Mr Szeto Wah, Mr Lau Wong-fat, Mr Wong Po-yan and Mr David Li were all in Beijing attending the plenary meeting of the Basic Law Drafting Committee.

Three other members, Miss Lydia Dunn, Mr Allen Lee and Mr Stephen Cheong, were also in Beijing, accompanying the Governor, Sir Edward Youde, for the opening ceremony of a Trade Development Council office.

Yesterday's Legco meeting was chaired by the Acting Governor, Sir David Akers-Jones.

hearing cases brought under the new laws.

"I would like to request the administration to spell out quite clearly and adequately enough for use in the courts, either as a departmental working reference or as subsidiary legislation, what exactly are the recognised boundaries of the diagnosis and treatment using traditional Chinese medical methods," she said.

"Alternative proposals are either to set up a register for acupuncturists, bone-setters and herbalists prior to practice, or enact legislation to regulate the training, standard and practice of traditional Chinese medical practitioners."

Mr Andrew Wong said the Government had a responsibility to ensure that the standard of medical and dental practice in Hongkong was acceptable. "It is, therefore the

Government's responsibility that practitioners should have those recognised qualifications which assume a minimum standard before they are allowed to practise," he said.

Dr Chiu Hin-kwong told the council that qualified doctors and dentists would welcome the new measures "as these bills indicated increasing official attempts to curb illegal medical practice and safeguard the general public".

He also defended the Licentiate Examination - a test which allows foreign-trained doctors and dentists whose qualifications are not recognised in Hongkong to be licensed.

The system has been criticised, mainly because one of its key components involves an English exam. But Dr Chiu said it was designed to protect public health.

Bogus dentist jailed

A BOGUS dentist told a magistrate yesterday that, although he had no professional qualifications, he had learned the skills of dentistry from his father, a registered practitioner.

Wong Ho-wai, 36, was jailed for three months for unlawfully practising dentistry and fined \$2,000 on each of two counts involving possession of Part I poison and antibiotics.

He pleaded guilty before magistrate Miss C.M. Beeson, who was told he was

convicted of a similar offence in 1982.

Wong was caught practising dentistry and in possession of the drugs in his flat in Spring Garden Lane, Wan Chai, on July 24, following a complaint to police.

Two police officers posing as patients went to the flat, outside which was a signboard carrying Wong's name.

One of the policemen complained of a pain in his molar and, when Wong began treating him, the two revealed their identities and the flat was searched.

在一些國家，有兩類牙醫——有牌和無牌牙醫（或被稱為非法牙醫），他們向來都提供牙科服務以滿足人們的需求。當牙科不斷發展，無牌牙醫的問題就出現。有些國家的政府尋找這群無牌牙醫及控訴他們，但另一些國家卻立法使那些無牌牙醫獲得全面或「有限度」的牌照。通常無牌牙醫要接受一些短期或長期的「現代牙科」課程才能獲得這些全面或「有限度」的牌照。

我們非常渴望能夠透過交談及問卷式與你探討上述問題。基於討論中搜集的資料，我們擬草議一份報告，並希望就改善現存兩類牙醫的環境作出若干建議，以使廣大市民受益。

請你在適當答案邊的空格內填上「✓」，及在線上寫出你的意見。請不要填寫姓名，所有資料將會絕對保密，多謝合作。

香港大學牙科學院

一、請問你於幾時開始做牙醫？

二、請問你的病人是那類人（例如他們來自何階層，教育水平、年齡等）？

三、請問你的病人是否定期找你抑或當他們的牙齒有問題時才找你？

<input type="checkbox"/>	定期找我
<input type="checkbox"/>	有問題才找我
<input type="checkbox"/>	其他，請註明

四、請問你的病人為什麼找你？
（可選多項）

<input type="checkbox"/>	檢查牙齒（定期檢查）
<input type="checkbox"/>	牙痛
<input type="checkbox"/>	感到不舒服
<input type="checkbox"/>	咀嚼問題
<input type="checkbox"/>	外表或容貌
<input type="checkbox"/>	其他（請註明）

五、請問你提供那些治療？（可選多項）

<input type="checkbox"/>	脫牙（價錢_____）
<input type="checkbox"/>	補牙（價錢_____）
<input type="checkbox"/>	牙冠或牙橋（價錢_____）
<input type="checkbox"/>	假牙（上顎假牙價錢_____） （全副假牙價錢_____）

☐ 洗 牙 (價錢 _____)
☐ 止 痛, 請註明 _____
(價錢 _____)

六. 你有否使用草藥或其他中國治療方法?

☐ 有使用, 請註明 _____
☐ 沒有使用

七. 誰人協助你處理診所的事務?

八. 請問你每月(或每星期)平均有多少收入?

平均每月收入 _____ 元
或 平均每星期收入 _____ 元

九. 為了使你的診所繼續經營, 請問你每天最低的營業額是多少?

每天營業額 _____ 元

十. 請問你每月平均的支出是多少?

每月支出 _____ 元

十一. 請問為何有些病人喜歡找你而不去找註冊牙醫去醫治牙病呢?

十二、請問你的病人在找你之前有沒有接受註冊牙醫的治療？

<input type="checkbox"/>
<input type="checkbox"/>

沒有

有，為什麼他們轉換牙醫

十三、作為一個執業的牙醫，你最喜歡的是什麼？

十四、作為一個執業的牙醫，你最不喜歡的是什麼？

十五、你認為你現今在業務上所遇到的最嚴重問題是什麼？

你認為怎樣去解決這些問題？

十六、一般而言，你怎樣去講述作為一個執業牙醫對工作滿足感？

十七、這條問題是針對你將來的情況。你亦知道現在香港已訓練本地的牙醫，因此在未來五年內，已註冊的執業牙醫數目將會迅速增加。
你認為這種情況將會怎樣影響像你那樣沒有註冊的牙醫？

十八、你會否建議你家庭年青的成員（如兒子）斬你這行（無註冊的牙醫）？

☐
☐

會建議

不會建議，為什麼

十九、在一些國家，有些牙醫根據法律註冊，但有些牙醫並沒有註冊而執業，這等國家有些修改法律，使沒有註冊的牙醫能夠獲得一個「有限度」的牌照或註冊。有些情況，牙醫（無註冊者）是要通過一個有系統的牙科課程才可獲發給「有限度」的牌照。

你對在香港推行同樣計劃有什麼意見？

二十、你是否認為你需要進修牙科教育及訓練嗎？

☐
☐

否，為什麼不需要

是，你會不會參加該等牙科課程

☐
☐

不會

會，這些課程應包括什麼

廿一 你們這些沒有註冊的牙醫是否有組織
成為「會」或「社」。

☐
☐

沒有

有，你是否是該「會」的成員 ☐ 是 ☐ 否

你的「會」是否安排一些有關

牙科的課程或講座 ☐ 是 ☐ 否

廿二 你對在香港執業的有註冊和沒有註冊牙醫
之間建立一些合作有什麼建議？

— 完 —

致謝合作

Please tell me in your own words - about your practice.

- (i) When did you settle-down as a practicing dentist?
- (ii) Tell me about your patients? Who are they?
- (iii) Do your patients visit/consult you regularly or only when they have problems with their teeth?
- (iv) What are the dental problems that make your patients seek your help?

pain
discomfort
chewing problems
appearance

- (v) What types of treatment do you provide?

tooth extraction (price: _____)
tooth filling (price: _____)
crowns/bridges (price: _____)
dentures (price for upper alone: _____
full set: _____)
scaling (price: _____)
pain relief (price: _____) What kind?

- (vi) Do you utilize herbal medicine or other Chinese cures?
- (vii) Who helps you in your practice?
- (viii) On an average, how much do you earn per month or per week?

What is the minimum turnover per day that you need to keep your practice going?

What are the average expenditures (over-heads) per month?

- (ix) Why do you think some patients prefer to consult/be treated by you rather than a registered dentist?
- (x) Were some of your patients treated by a registered dentist before consulting you?

(if affirmative): Do you know why they changed their dentist?

Could you please tell me about your satisfaction or dissatisfaction of working as a dentist?

- (xi) What do you like best about being a practicing dentist?
- (xii) What do you dislike most about being a practicing dentist?
- (xiii) What do you feel is the most serious problem you have right now in your practice?
How do you think the problem can be solved?
- (ivx) In general how would you describe your satisfaction right now with your work as a practicing dentist?
- (vx) The next question I am going to ask you focuses on the future. As you now dentists are now being trained in Hong Kong and therefore the number of practicing, registered dentists will increase rather quickly over the next five years.
How do you think this will affect the situation of the unregistered dentists such as yourself? (probe!! economical, professional, legally etc).
- (vxi) Would you advice any of your younger family members (son etc) to become a dentist like yourself?
- (vxii) In some countries - with dentists registered according to the law and dentists working without being registered - legislation was changed so that a number of the unregistered dentists were able to obtain a limited licence or registration. In some cases the limited license was only issued following a systematic course in Dentistry. How do you feel about a similar arrangement for Hong Kong?
- (xiii) Do you feel a need for upgrading your training and education in Dentistry?
 - * if negative: Why not?
 - * if affirmative: Would you participate in such a course in Dentistry?
 - * if affirmative: If you were to participate in a course in Dentistry what would you say this course should consist of?
- (ixx) Are the unregistered dentists organized in an association or society?
 - * if affirmative: Are you a member?

Does your association arrange any courses or lectures on Dentistry?
- (xx) What would you suggest should be done to establish some sort of working co-operation between registered and unregistered dentists in Hong Kong?

第一屆委員就職

水警監督；請市政局議員楊勵勳，南區區議員姜彥文，橡膠廠商會主席柳子元，九龍區大廈聯會主席黃漢領發還任及聘任書；請香港教育會會長錢世年，新強國衛會監督陸寶強，中國醫藥黃氏院長伍卓琪，世界黃氏宗親總會監事黃錫林，皇家警察空手道總教練李光榮及黃子華居士剪綵。

主席曾子彬致詞稱：「本會會員過去為市民社會牙科服務促進會第一屆就職主禮人張水賢、柳子元、姜彥文等與該會首長合照。



主禮人分別致詞歸勉。

主席曾文彬、周懷玉、總務主任陳世輝向主禮人致送紀念品。

副主席吳功芳致謝詞。禮成歡宴，場面熱鬧，氣氛洋溢。

第一屆委員會：主席：曾文彬，副：吳功芳、周懷玉。秘書：何炳良、廖福華。總務：陳世輝、郭勇士。財務：林希信、蔡智養。福利：葉城洋。康樂：蔡路加、張健民。組織：張森祥、胡幼輝。學術：簡偉平、江育仁。公關：冒傑文、李彪。聯絡：黃光益、鄭博義。

審核：曾文傑。會務：徐創、黃文偉。（完）

9th June, 1986

相信大家都知道，本港牙醫的數量仍不足，而且，牙醫的收費亦頗不廉宜，因此，牙齒一旦有病，那就「大件事」了。

●陳在盛



會牙科服務促進會」，日前舉行成立儀式。該會主席表示：「香港社會牙科服務促進會」是本港第一個未註冊牙醫的組織，成立後將進行全港性牙科服務的調查，全面了解本港牙科服務實況。並稱目前本港未註冊牙醫有二千多人，註冊牙醫則只有一千多人，鑑於牙科醫生仍然不足，該會將呈報有關資料予當局，爭取同業合理的資格認可。

港大學醫學院擴充牙科學位，及港島的「牙科服務中心」投入服務後，本港牙科服務已大有改進。目前香港大學牙科學位的修業期（包括實習）為四年半，隨着新一代牙科醫生陸續投入社會服務，再加上「牙科服務中心」不斷培訓牙科護士，本港牙科服務在未來數年，繼續獲得改進，應該是可期的。

牙科護士與普通的「白衣天使」是略有分

別，普通護士的職責，只在指導及照顧病人，而牙科護士卻能夠為牙

齒病患者提供更直接的醫療服務。例如新西蘭、澳洲、英國及隣區的牙科護士擔任普通檢驗和護理牙齒工作，成績相當良好；雖然有缺憾的約佔百分之七

牙齒病患者作檢驗者，牙齒不多，但無論如何，牙科護士的培訓，對提供牙科服務亦當能發揮一

定的良好後果。

齒病的好壞對身體強弱亦有直接關係，尤其是發牙期間的兒童，對牙齒健康更應重視。據統計指出，本港由六歲至八歲的兒童，乳牙有缺憾的約佔百分之七十，可知本港兒童的牙齒健康情形亦尚非良好。

當然，「早治早好，晚治晚好，預防更好，不治不好。」任何疾病都是如此，牙科也不例外，一旦牙齒有病，必須延醫治理。

至於目前本港的牙醫是否已足夠，實際亦未定論。

不過，對未註冊的牙醫，當局亦應該像對待一些未註冊西醫般行考試，以作為應否發

本港擁有的牙科服務才

語有道：牙痛不但令人難以忍受，而一個人

必須時刻關注，並善用

事實上，最近多年

Wah Kiu Yat Po 4 June 1986

Social Dental Service Promotion Association

**The inauguration of the first executive committee members
Cheung Wing Yin, Lui Chi Yuen etc. chaired the ceremony**

The Hong Kong Social Dental Service Promotion association celebrated its' establishment and the inauguration of the first executive committee members took place in the Washington Restaurant at 7 p.m. yesterday. The vice chairman of Hong Kong Civic Association Mr. Cheung Wing Yin, the chairman of New Chinese Merchants Association Mr. Lui Chi Yuen were invited to chair the open ceremony.

The inauguration started, by Mr. Cheung Wing Yin being invited to supervise the oath. Urban Councillor Mrs. Yeung Lai Yin, member of South District District Board Mr. Keung Yin Man, Chairman of the Rubber Manufacturers' Association Mr. Lui Chi Yuen, Chairman of Kowloon District Building Association Mr. Wong Charm were invited to present the appointment certificate. Then, the Chairman of the Hong Kong Education Association Chin Sai Nin, The Supervisor of Fan Kuen Chinese Martial Arts Association Luk Fan Kuen, The Principal of the Chinese Medicine Research College Mr. Ng Chik Kai, The Superintendent of the World's Wong Clan Association Mr. Wong Shek Lam, The Chief trainer of Karate of the Royal Hong Kong Police Force Mr. Lee Kwong Wing, and a monk Mr. Wong Chi Wah cut the ribbon.

In his address, the Chairman Mr. Tsang Man Bung said the members of the association have been working very hard for the citizens in the past and contributed a lot to the prosperity and stability of Hong Kong.

Mr. Tsang asked the members of the association, based on the principle of the establishment of the association, to promote the dental services in this society and overseas, to relieve the pain of the patients with dental disease and to make contribution to the health of the citizens. At the same time, it is hoped that the Hong Kong Government can, give assistance to those "unregistered" dentists who are experienced and trusted by the citizens. This will have the effect of making the dentists enjoy their work and provide good services to the citizens effectively, ensuring that no social resource will be wasted.

The guests then each gave a speech to give the association encouragement.

The chairman Mr. Tsang Man Bung, the chief general affairs officer Mr. Chan Si Fai and Chow Wai Yuk each presented souvenirs to the guests.

The vice-chairman Mr. Ng Kung Fun gave a speech to thank the guests. There was a feast after the ceremony. The atmosphere was good.

(the names of the first executive committee members)

Dental services are improving continuously
You may know that the number of dentists in Hong Kong is inadequate and the fee charged by the dentists is high.
Therefore, if your teeth have disease, it is a big problem

An association formed by the unregistered dentists - Hong Kong Social Dental Service Promotion Association, organised an inauguration ceremony. The chairman of the association says: "Hong Kong Social Dental Service Promotion Association is the first association for the unregistered dentists, a Hong Kong wide survey on the dental services will be conducted after its establishment in order to have an understanding on the situation of the Hong Kong Dental Services". It is claimed that there are over 2000 unregistered dentists in Hong Kong and only about 1000 registered dentists. In consideration of the lack of dentists, the association will submit the relevant information to Hong Kong Government in order to fight for the reasonable recognition of the qualification.

In the past, there was a serious shortage of dentists in Hong Kong. However, after the extension of degree of dentistry through the Faculty of Medicine of the University of Hong Kong several years ago and the commencement of service by the 'Dental Service Center' on Hong Kong Island, the dental services in Hong Kong have achieved a lot. The study for a degree of dentistry takes four and a half years, together with the new dental graduates and the 'Dental Service Centre', which train dental nurses continuously, it is expected that the dental services will be improving in the coming years.

There is a difference between a dental nurse and 'the white cloth angel' (medical nurses). The duty of ordinary (medical) nurses is just to direct and take care of the patients. However, a dental nurse can provide more direct medical services to the patients with dental problem. For instance, in New Zealand, Australia, United Kingdom and neighbouring Singapore, qualified dental nurses have been responsible for general check-ups and treatment of teeth for quite a long period of time. The result is good. Although there are not so many dental nurses participating in the check-up of the patients, the training of dental nurses is a good way of providing dental services.

There is a common saying that "toothache is more tragic than a serious illness". Toothache not only makes someone unbearable, but the health or disease state of one's teeth has a direct relationship with the strength or weakness of one's health. It is especially important for growing children, as they must put more emphasis on dental health. According to statistics, about 76% of the children aged 6 - 8 have decayed teeth. There are about 70% of children aged 9 - 16 who have decayed permanent teeth. From this we can see that the condition of children's in Hong Kong is not very good.

In fact, the Government has provided many dental services to children in recent years to make children's teeth more healthy. The parents should care about it all the time and make good use of the dental services in Hong Kong.

Of course, statement like 'treating earlier and getting well faster, treating later and getting well later, prevention is the best, no treatment then no recovery' applies to every disease. Dental disease is no exception - one must seek treatment if one has dental disease.

It cannot be concluded whether there are enough dentists in Hong Kong or not. However, for those unregistered dentists, the authorities should act in the same way as they do towards the unregistered medical doctors, that is giving them an examination in order to judge whether to accept them to be registered.

SATURDAY, JUNE 28, 1986

Row over new dental group

A LEGAL battle is looming between 1,000 registered dentists and several hundred non-registered ones over the setting up of a new organisation.

The recent establishment of a group called the "Organisation for the Promotion of Community Dental Services" has angered many registered dentists as most of its members are not registered.

Sources told the *South China Morning Post* the Hongkong Dental Association was hiring the best legal brains to see what could be done to stop this group.

The association will also press the Government to maintain the current examination and evaluation procedures for granting a licence for fear the new group may call for the rules to be eased, one source said.

Unregistered dentists normally practise in backstreet clinics, charging an average of 40 to 60 per cent of registered dentists' fees.

Meanwhile, a spokesman for the Hongkong Dental Association yesterday warned the public to check a dentist's

status before seeking treatment.

The association's honorary secretary, Dr Paul Lui, said many members were "surprised" at the establishment of the new group.

Dr Lui said he personally could not understand how the association was set up as members confessed to being unregistered dentists.

"You should ask the Government. All I can tell you is we are in the process of seeking legal advice on whether the association is legal and registered," Dr Lui said.

The chairman of the new group, Mr Tsang Man-bun, claimed that the 2,000-odd unregistered dentists in Hongkong had been forced into a corner.

"We already face cut-throat competition from dentistry services offered right across the border in Shenzhen," he said.

Many were also bitter about the stepped-up raids on their clinics in the past two years - suspecting that they were instigated not by patients' complaints, but by registered dentists.

有關香港無牌牙醫之問卷調查

介紹：

我哋係香港大學嘅牙科學生，我哋依家做緊一個關於香港無牌牙醫嘅問卷調查，我哋想問一問你哩方面嘅意見。

第一部份： 個人資料

1. 性別
 1. 男
 2. 女
2. 你依家幾多歲？
 1. 十九歲或以下
 2. 二十至二十九歲
 3. 三十至三十九歲
 4. 四十至四十九歲
 5. 五十至五十九歲
 6. 六十歲或以上
3. 你係香港住咗幾耐？
 1. 五年或以下
 2. 六至十年
 3. 十一至二十年
 4. 二十年以上
4. 你住喺邊區？
 1. 九龍城
 2. 長沙灣
 3. 筲箕灣
 4. 北角
5. 你依家嘅職業係乜嘢？
 1. 專業、技術及有關人員
 2. 行政及管理人員
 3. 文職及有關人員
 4. 營業人員
 5. 服務性人員
 6. 農業及漁業人員
 7. 生產及有關人員，運輸工具操作員及勞動人員
 8. 紀律部隊
 9. 學生
 10. 主婦
 11. 退休
 12. 其他，請註明 _____
6. 請問你嘅教育程度係
 1. 冇受教育
 2. 小學
 3. 中學
 4. 專上學院（包括理工）
 5. 大學
 6. 其他，請註明 _____

第二部份 對無牌牙醫之基本認識及過去接受牙科治療之經驗

7. 你知唔知道香港有無牌同埋有牌牙醫嘅存在？

1. 知道

2. 唔知道 —————→ 拜拜

8. 你分唔分得出有牌同埋無牌牙醫呢？

1. 分得出

2. 分唔得出 (接11)

9. 咁你用乜嘢方法嚟去分有牌同埋無牌牙醫㗎？

10. 你覺得招牌寫住

1. 牙科

2. 牙醫

3. 牙科醫生

} 嘅診所係

1. 有牌

2. 無牌

3. 唔知道

11. 你以前喺香港睇過牙未？

1. 睇過

2. 未睇過 (接第三部)

12. 佢哋係：

1. 有牌 (接第二部份第一節)

2. 無牌 (接第二部份第二節)

3. 兩樣都係 (接第二部份第三節)

4. 唔知道 (接第三部份)

第二部份 第一節

13. 請問點解你唔去睇無牌牙醫呢？

1. 對佢哋冇信心／覺得冇安全感

2. 收費太貴

3. 技術太差

4. 診所衛生太差

5. 設備唔夠

6. 有啲嘢佢地唔做

7. 佢地對病人嘅態度唔好

8. 冇人介紹

9. 難搵

10. 時間唔方便

11. 其他，請註明_____

14. 咁有牌牙醫幫你做過啲乜嘢呀？

1. 普通脫牙

2. 補牙

3. 牙冠及牙橋 (包住牙嘅牙套同埋鑲死嘅假牙)

4. 牙托 (除得出嚟嘅假牙)

5. 洗牙及清牙石

6. 拔牙根 (抽取牙嘅神經)

7. 手術脫牙

8. 箍牙

9. 照X光

10. 檢查牙齒

11. 口腔衛生指導 (教你清潔牙齒，解釋保持口腔衛生嘅重要)

12. 其他，請註明_____

第二部份 第二節

15. 請問點解你去睇無牌牙醫呢？

1. 對佢哋有信心／覺得有安全感
2. 收費平
3. 技術可以接受
4. 診所衛生可以接受
5. 設備足夠
6. 佢哋做病人想要嘅嘢
7. 佢哋對病人嘅態度好
8. 有人介紹
9. 易搵
10. 時間方便
11. 其他，請註明_____

16. 你點樣識得去搵無牌牙醫㗎？

17. 咁啲無牌牙醫幫你做過啲乜嘢呀？

1. 普通脫牙
2. 補牙
3. 牙冠及牙橋（包住牙嘅牙套同埋鑲死嘅假牙）
4. 牙托（除得出嚟嘅假牙）
5. 洗牙及清牙石
6. 杜牙根（抽取牙嘅神經）
7. 手術脫牙
8. 箍牙
9. 照X光
10. 檢查牙齒
11. 口腔衛生指導（教你清潔牙齒，解釋保持口腔衛生嘅重要）
12. 其他，請註明_____

18. 你對無牌牙醫嘅服務滿唔滿意呢？

1. 滿意 （接19.1）
2. 普通 （接20）
3. 唔滿意 （接19.2）

19.1點解滿意呢？

19.2點解唔滿意呢？

20. 你覺得佢哋嘅收費點樣呢？

1. 平
2. 貴
3. 無意見

21. 你覺得佢哋做嘢快唔快呢？

1. 快
2. 慢
3. 無意見

22. 你覺得佢哋做嘢乾唔乾淨呢？

1. 乾淨
2. 唔乾淨
3. 無意見

23. 佢哋做嘢令你痛唔痛呢？

1. 痛
2. 唔痛
3. 無意見

24. 佢哋有冇解決到你嘅問題呢？

1. 有
2. 冇
3. 部份

第二部份 第三節

25. 點解你有時睇有牌牙醫，有時又睇冇牌牙醫呢？

26. 啲有牌牙醫幫你做過啲乜嘢呀？

1. 普通脫牙
2. 補牙
3. 牙冠及牙橋（包住牙嘅牙套同埋鑲死嘅假牙）
4. 牙托（除得出嚟嘅假牙）
5. 洗牙及清牙石
6. 杜牙根（抽取牙嘅神經）
7. 手術脫牙
8. 箍牙
9. 照X光
10. 檢查牙齒
11. 口腔衛生指導（教你清潔牙齒，解釋保持口腔衛生嘅重要）
12. 其他，請註明_____

27. 啲冇牌牙醫幫你做過啲乜嘢呀？

1. 普通脫牙
2. 補牙
3. 牙冠及牙橋（包住牙嘅牙套同埋鑲死嘅假牙）
4. 牙托（除得出嚟嘅假牙）
5. 洗牙及清牙石
6. 杜牙根（抽取牙嘅神經）
7. 手術脫牙
8. 箍牙
9. 照X光
10. 檢查牙齒
11. 口腔衛生指導（教你清潔牙齒，解釋保持口腔衛生嘅重要）
12. 其他，請註明_____

28. 你對無牌牙醫嘅服務滿唔滿意呢？

1. 滿意 （接29.1）
2. 普通 （接30）
3. 唔滿意 （接29.2）

29.1 點解滿意呢？

29.2 點解唔滿意呢？

30. 你覺得佢哋嘅收費點樣呢？

1. 平
2. 貴
3. 無意見

31. 你覺得佢哋做嘢快唔快呢？

1. 快
2. 慢
3. 無意見

32. 你覺得佢哋做嘢乾唔乾淨呢？

1. 乾淨
2. 唔乾淨
3. 無意見

33. 佢哋做嘢令你痛唔痛呢？

1. 痛
2. 唔痛
3. 無意見

34. 佢哋有冇解決到你嘅問題呢？

1. 有
2. 冇
3. 部份

第三部份：一般市民的期望和意見

我以下嘅問題係想探討一般市民對無牌牙醫嘅睇法，無論你有無睇過無牌牙醫都唔緊要，我哋只係想知道你對無牌牙醫嘅認法：

35. 你認為無牌牙醫可以提供啲乜嘢服務俾普通市民呢？

1. 普通脫牙
2. 補牙
3. 牙冠及牙橋（包住牙嘅牙套同埋鑲死嘅假牙）
4. 牙托（除得出嚟嘅假牙）
5. 洗牙及清牙石
6. 杜牙根（抽取牙嘅神經）
7. 手術脫牙
8. 箍牙
9. 照X光
10. 檢查牙齒
11. 口腔衛生指導（教你清潔牙齒，解釋保持口腔衛生嘅重要）
12. 其他，請註明_____

1. 可以
2. 唔可以
3. 冇意見

36. 你認爲無牌牙醫嘅收費比起合法牙醫嘅會係點樣呢？

1. 平啲
2. 一樣
3. 貴啲
4. 唔知道

37. 你認爲睇無牌牙醫係唔係比睇有牌牙醫方便呢？

1. 係 (接38.1)
2. 差唔多 (接39)
3. 唔係 (接38.2)
4. 唔知道 (接39)

38. 1點解係呢？

1. 香港有好多無牌牙醫
2. 近你屋企
3. 時間方便
4. 其他，請註明_____

38. 2點解唔係呢？

1. 香港嘅無牌牙醫唔多
2. 離你屋企好遠
3. 時間唔方便
4. 其他，請註明_____

39. 你對無牌牙醫係

1. 有信心
2. 無信心
3. 無意見

40. 你認爲無牌牙醫嘅技術水準係

1. 高
2. 低
3. 無意見

41. 你認爲無牌牙醫對病人嘅態度係

1. 好
2. 差
3. 無意見

42. 你認爲無牌牙醫工作環境嘅衛生係

1. 乾淨
2. 唔乾淨
3. 無意見

43. 你認爲無牌牙醫嘅設備係

1. 足夠
2. 唔足夠
3. 無意見

44. 咁你下次會揀邊一類牙醫呢？

1. 有牌牙醫 (接45.1)
2. 無牌牙醫 (接45.2)
3. 兩樣都可能 (接45.3)

45. 1點解去睇有牌牙醫呢？

1. 對佢哋有信心／覺得有安全感
2. 收費平
3. 技術可以接受
4. 診所衛生可以接受
5. 設備足夠
6. 佢哋做病人想要嘅嘢
7. 佢哋對病人嘅態度好
8. 有人介紹
9. 易搵
10. 時間方便
11. 其他，請註明_____

45. 2點解去睇無牌牙醫呢？

1. 對佢哋有信心／覺得有安全感
2. 收費平
3. 技術可以接受
4. 診所衛生可以接受
5. 設備足夠
6. 佢哋做病人想要嘅嘢
7. 佢哋對病人嘅態度好
8. 有人介紹
9. 易搵
10. 時間方便
11. 其他，請註明_____

45. 3點解兩樣都有可能呢？

46. 你認為有無必要完全取締無牌牙醫呢？

1. 有 (問卷完)
2. 冇
3. 無意見
4. 其他，請註明_____

47. 咁你認為應唔應該提供訓練，使佢哋轉為有牌牙醫呢？

1. 應該
2. 唔應該
3. 無意見
4. 其他，請註明_____

——問卷完——

QUESTIONNAIRE ON UNREGISTERED DENTIST IN HONG KONG

Introduction

I am a dental students of the University of Hong Kong. We are carrying out a project about the unregistered dentists in Hong Kong. I would like to ask your opinion.

PART ONE PERSONAL DATA

1. Sex

1. Male
2. Female

2. What is your age now?

1. 19 or below
2. 20-29
3. 30-39
4. 40-49
5. 50-59
6. 60 or above

3. How long have you lived in Hong Kong?

1. 5 years or below
2. 6-10 years
3. 11-20 years
4. above 20 years

4. Where do you live now?

1. Kowloon City
2. Cheung Sha Wan
3. Shau Ki Wan
4. North Point

5. What is your occupation now?

1. Professional, technical and related workers
2. Administrative and managerial workers
3. Clerical and related workers
4. Sales workers
5. Service workers
6. Agricultural workers and fishermen
7. Production and related workers, transport equipment operators and labourers
8. Armed forces and policemen
9. Students
10. Housewives
11. Retired
12. Others, please specify _____

6. What is your education level?

1. No education
2. Primary School
3. Secondary School
4. Post-secondary School (include the Polytechnics)
5. University
6. Others, please specify _____

PART TWO BASIC KNOWLEDGE ON UNREGISTERED DENTISTS & PREVIOUS DENTAL EXPERIENCE

PART TWO A

7. Do you realise the existence of both registered & unregistered dentists in Hong Kong?

1. Yes
2. No ----- Bye-Bye!

8. Could you distinguish between registered & unregistered dentists?

1. Yes
2. No (proceed to Q.11)

9. How could you distinguish between registered & unregistered dentists?

10. Could you distinguish the following?

	Registered	Unregistered	Don't Know
--	------------	--------------	------------

a. _____

b. _____

c. _____

11. Have you visited dentist(s) in Hong Kong?

1. Yes
2. No (proceed to PART THREE)

12. Was/Were the dentist(s)

1. (a) registered dentist(s) (proceed to PART TWO A)
2. (an) unregistered dentist(s) (proceed to PART TWO B)
3. Both (proceed to PART TWO C)
4. Don't know (proceed to PART THREE)

PART TWO A

13. Why didn't you choose (an) unregistered dentist(s)?

1. No confidence and feeling of unsafe
2. Too expensive
3. Poor technique
4. Poor clinical hygiene
5. Inadequate facilities
6. Limited types of services provided
7. Poor attitude towards patients
8. Lack of recommendation by others
9. Difficulties in locating the clinic
10. Time conflict
11. Others, please specify _____

14. What kind(s) of treatment did you receive from the registered dentist(s)?

1. Simple extraction
2. Fillings
3. Crown and bridge (restoration covering the tooth and fixed denture)
4. Denture (removable dental prosthesis)
5. Scaling and Prophylaxis
6. Root canal therapy (removal of nerves of the tooth)
7. Surgical extraction
8. Orthodontics (realignment of malpositioned teeth)
9. X-ray
10. Check-up
11. Oral Hygiene Instructions (explaining the role and technique of maintaining good oral hygiene)
12. Others, please specify _____

PART TWO B

15. Why did you choose (an) unregistered dentist(s)?

1. Confident and safe
2. Cheap
3. Acceptable technique
4. Acceptable clinical hygiene
5. Adequate facilities
6. Do what the patients want
7. Good attitude towards patients
8. Recommendation by others
9. Ease of locating the clinic
10. Time convenience
11. Others, please specify _____

16. How did you get to know the unregistered dentist(s)?

17. What kind(s) of treatment did you receive from the unregistered dentist?

1. Simple extraction
2. Fillings
3. Crown and bridge (restoration covering the tooth and fixed denture)
4. Denture (removable dental prosthesis)
5. Scaling and Prophylaxis
6. Root canal therapy (removal of nerves of the tooth)
7. Surgical extraction
8. Orthodontics (realignment of malpositioned teeth)
9. X-ray
10. Check-up
11. Oral Hygiene Instructions (explaining the role and technique of maintaining good oral hygiene)
12. Others, (please specify) _____

18. Were you satisfied with the services provided by the unregistered dentist?

1. Satisfied (proceed to Q.19.1)
2. Neutral feelings (proceed to Q.20)
3. Not satisfied (proceed to Q.19.2)

19.1. Why? _____

19.2. Why not? _____

20. What did you think about their prices?

1. Cheap
2. Expensive
3. No opinion

21. What did you think about their speed?

1. Quick
2. Slow
3. No opinion

22. What did you think about their clinical hygiene?

1. Clean
2. Dirty
3. No opinion

23. Did they cause you pain?

1. Painful
2. Not painful
3. No opinion

24. Did they solve your problems?

1. Yes
2. No
3. Part of it

PART TWO C

25. Why did you visit both types of dentists?

26. What kind(s) of treatment did you receive from the registered dentist(s)?

1. Simple extraction
2. Fillings
3. Crown and bridge (restoration covering the tooth and fixed denture)
4. Denture (removable dental prosthesis)
5. Scaling and Prophylaxis
6. Root canal therapy (removal of nerves of the tooth)
7. Surgical extraction
8. Orthodontics (realignment of malpositioned teeth)
9. X-ray
10. Check-up
11. Oral Hygiene Instructions (explaining the role and technique of maintaining good oral hygiene)
12. Others, please specify _____

27. What kind(s) of treatment did you receive from the unregistered dentist?

1. Simple extraction
2. Fillings
3. Crown and bridge (restoration covering the tooth and fixed denture)
4. Denture (removable dental prosthesis)
5. Scaling and Prophylaxis
6. Root canal therapy (removal of nerves of the tooth)
7. Surgical extraction
8. Orthodontics (realignment of malpositioned teeth)
9. X-ray
10. Check-up
11. Oral Hygiene Instructions (explaining the role and technique of maintaining good oral hygiene)
12. Others, please specify _____

28. Were you satisfied with the services provided by the unregistered dentist(s)?

1. Satisfied (proceed to Q.29.1)
2. Neutral feelings (proceed to Q.30)
3. Unsatisfied (proceed to Q.29.2)

29.1. Why? _____

29.2. Why not? _____

30. What did you think about their prices?

1. Cheap
2. Expensive
3. No opinion

31. What did you think about their speed?

1. Quick
2. Slow
3. No opinion

32. What did you think about their clinical hygiene?

1. Clean
2. Dirty
3. No opinion

33. Did they cause you pain?

1. Painful
2. Not painful
3. No opinion

34. Did they solve your problems?

1. Yes
2. No
3. Part of it

PART THREE GENERAL POPULATION EXPECTATION AND OPINIONS

Our following questions are to investigate the opinions on the unregistered dentist by the general population. No matter whether you have seen unregistered dentists or not, we just want to know what you think about the unregistered dentists.

35. What kind of dental services would you expect to get from the unregistered dentists?

	Yes	No	No opinion
1. Simple extraction	_____	_____	_____
2. Fillings	_____	_____	_____
3. Crown and bridge	_____	_____	_____
4. Denture	_____	_____	_____
5. Scaling and Prophylaxis	_____	_____	_____
6. Root canal therapy	_____	_____	_____
7. Surgical extraction	_____	_____	_____
8. Orthodontics	_____	_____	_____
9. X-ray	_____	_____	_____
10. Check-up	_____	_____	_____
11. Oral Hygiene Instructions	_____	_____	_____
12. Others, please specify _____	_____	_____	_____

36. What do you expect the cost of the services provided by the unregistered dentist as compared with that of registered dentist?

1. Cheaper
2. The same
3. More expensive
4. Don't know

37. Do you think it is more convenient to get the services from the unregistered dentist as compared with that from the registered dentist?

1. Yes (proceed to Q.38.1)
2. No (proceed to Q.39)
3. Similar (proceed to Q.38.2)
4. Don't know (proceed to Q.39)

38.1. Why?

1. There are many unregistered dentists.
2. Near your home
3. Time convenience
4. Others, please specify _____

38.2. Why?

1. There are not many unregistered dentists
2. Far away from your home
3. Time inconvenience
4. Others, please specify _____

39. How do you find the unregistered dentists?

1. Confident
2. No confident
3. No opinion

40. What do you think about the quality of technique of unregistered dentists?

1. High
2. Low
3. No opinion

41. What do you think the attitude of the unregistered dentists towards patients?

1. Good
2. Bad
3. No opinion

42. What do you think of the hygiene of the working environment of the unregistered dentist?

1. Clean
2. Dirty
3. No opinion

43. What do you think of the facilities of the unregistered dentists?

1. Adequate
2. Inadequate
3. No opinion

44. What kind of dentist would you prefer to visit next time?

1. Registered dentist (proceed to Q.45.1)
2. Unregistered dentist (proceed to Q.45.2)
3. Both (proceed to Q.45.3)

45.1 Why will you choose (an) registered dentist(s)?

1. Confident and safe
2. Cheap
3. Acceptable technique
4. Acceptable clinical hygiene
5. Adequate facilities
6. Do what the patients want
7. Good attitude towards patients
8. Recommendation by others
9. Ease of locating the clinic
10. Time convenience
11. Others, please specify _____

45.2 Why will you choose (an) unregistered dentist(s)?

1. Confident and safe
2. Cheap
3. Acceptable technique
4. Acceptable clinical hygiene
5. Adequate facilities
6. Do what the patients want
7. Good attitude towards patients
8. Recommendation by others
9. Ease of locating the clinic
10. Time convenience
11. Others, please specify _____

45.3 Why both? _____

46. Do you think it is necessary to eradicate all unregistered dentist?

1. Yes (end of questionnaire)
2. No
3. No opinion
4. Others, please specify _____

47. Do you think there should be some kinds of training given to those unregistered dentists and change them into registered dentists?

1. Yes
2. No
3. No opinion
4. Others, please specify _____

- THE END -